

Dr. Robert Wysocki

Elbow Radial Head Open Reduction Internal Fixation or Radial Head Arthroplasty – No Ligament Repair

4-5 days: The postoperative dressing is removed. Consider silicon-based scar treatments for lateral elbow incision, stockinettes to forearm/arm for swelling.

Splint: A posterior long arm splint with elbow in 90 degrees flexion, forearm and wrist neutral is fabricated

EARLY MOTION PROTOCOL:

Motion: Active elbow flexion/extension in neutral forearm rotation is begun with the patient upright with the arm adducted by the side at all times out of the brace. Active forearm supination/pronation is begun, but active flexion in pronation is avoided as this stresses the fracture. If the therapist believes AROM is progressing slower than planned and wishes to proceed early with PROM, please contact physician. PROM usually not begun until 6 weeks.

STANDARD PROTOCOL:

Patients are maintained in the posterior mold splint for 2 weeks full time with no ROM, and then the motion protocol described above is begun.

6 weeks:

Splint: weaned over 2 weeks.

Motion: continue as above, but may now add passive motion and static progressive extension splinting is added as needed

8-10 weeks:

Add gentle progressive strengthening of elbow and forearm.

Consider work conditioning for laborers. Gradual return to full activity, sports by 14 weeks