

Therapy Phase 1: 2-3x/ week x 6 weeks

- Dressing is removed and the patient is placed in a hinged elbow brace with the forearm in neutral rotation.
 - Teach the patient to don and doff/ lock and unlock the brace.
 - The brace should be locked at all times when not working on range of motion. This includes sleeping.
- AROM/ AAROM with gravity assisted extension in hinged brace, forearm set in pronation.
 - 1st 2 weeks- limit to 30-110 in brace.
 - weeks 2-4- limit to 15-130
 - weeks 4-6: no limits in brace.
 - keep forearm pronated.
- Gentle PROM of shoulder, wrist, and hand.
 - Avoid abduction of shoulder. No rotational stress (ER or IR).
- Non-weightbearing at all times.
 - May type, write, and use hand for assistance in feeding.
- Modalities prn
- HEP

Therapy Phase 2: (Regain ROM and wean from protection) Therapy 2-3x per week

- Splinting-- may wean from hinged brace as tolerated. Start ROM out of brace.
- Range of Motion—
 - AROM/ PROM of shoulder, elbow, wrist, and hand.
 - May allow abduction of elbow.
 - AROM/ AAROM as tolerated in flexion, extension, pronation, and supination.
 - PROM
 - May add static progressive splint for extension or flexion as needed if extension is < -30 degrees or if flexion is <130 degrees at 8 weeks postoperatively
 - May use light dumbbell hangs to facilitate elbow extension
- Strengthening-
 - Isometric rotator cuff and scapular strengthening
 - Light grip strengthening.
- Modalities prn
- HEP
- Advance to Phase 3 when:
 - Patient has painless range of motion between 30-130 degrees of flexion.
 - Able to perform exercises with good mechanics.

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Terrible Triad Postop Elbow Protocol

Therapy Phase 3: (Normalize function and regain strength) Therapy 1-2x per week

- AROM/ PROM
 - Shoulder, elbow, wrist, and hand. Goal is for at least 10-140 degree arc of motion.
- Strengthening:
 - Isotonic Rotator Cuff, Scapular Shrugs and Prone Rowing.
 - Biceps and triceps strengthening
 - Grip strengthening
- Modalities prn
- HEP