

Elbow Olecranon Repair Rehabilitation Protocol

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1st therapy visit at 3-5 days postop

- *Therapy 1-2x/week x 6 weeks.*
- Dressing down. Instruct in non-adherent dressing changes to be done daily.
- May shower if incisions are dry. Water runs off skin and patient pats incisions dry with clean towel (not to be used for the rest of the patient's body).
- AROM/ AAROM of elbow with gravity assisted extension of elbow. AROM/ PROM of shoulder, wrist, and hand.
- Limit elbow flexion to 90 degrees for first 4 weeks.
- Light putty exercises for grip once full ROM of digits is restored.
- Edema control.
- Modalities prn.
- Review postoperative precautions.

1st postoperative visit at 2 weeks postop--

- Pain Assessment/ Rx adjustments or refills as needed.
- Stitches out. Steri-strips applied.
- Review postoperative limitations/ precautions.
- Therapy Rx
- Work Note: No lifting, pushing, pulling. No driving/ operating machinery. No contact sports.
- Expected Return to Work:
 - Sedentary: 2 weeks
 - Light Manual: 8 weeks
 - Heavy Manual: 3 months.

Therapy 2-6 weeks

- Continue splint.
- AROM/ AAROM with gravity assisted extension of elbow. AROM/ PROM of shoulder, wrist, and hand.
- May advance elbow flexion *ad lib* after 4 weeks.
- modalities prn
- HEP

2nd postoperative visit at 6 weeks--

- X-ray (3 views of elbow): advance activity when nontender at fracture site and bridging bone at 3+/4 cortices
- Pain Assessment/ Rx adjustments or refills as needed.
- Review postoperative limitations/ precautions.
- Follow-up in 6 weeks
- Therapy Rx
- Work Note: 20# lifting. No contact sports.
- Expected Return to Work:
 - Sedentary: 2 weeks
 - Light Manual: 8 weeks
 - Heavy Manual: 3 months.

Therapy 6-12 weeks

- 1-2x/week x 6 weeks
- AROM/ PROM of elbow, wrist, and hand.
- If >20degree lack of extension or elbow flexion <130 at 8 weeks, add a static progressive splint to address this deficit.
- Start progressive general strengthening of shoulder, elbow, wrist, and hand.
- When is at least 10-130 degrees of flexion and elbow flexion/ extension strength = 80% of contralateral, may advance patients with heavy manual laboring jobs to work hardening. Other patients may advance to HEP.
- modalities prn
- HEP

3rd postoperative visit--

- x-rays: 3-views of elbow.
- pain assessment, VAS
- Work note: no restrictions. Patients with very high demand, manual laboring jobs may require further work hardening.