



**NON-OPERATIVE ELBOW
DISLOCATION REHAB
PROTOCOL**



STEPHEN THON, MD
ORTHOPEDIC & SPORTS MEDICINE SURGEON
www.stephenthonmd.com

Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

Name: _____

Date of Surgery: _____

Diagnosis: R / L Elbow Dislocation

Frequency: 2-3 times per week for _____ weeks, Therapy to start 3-5 days after surgery

PHASE I (Weeks 1-2)

Goals: Control edema and pain

- Splint for 10-14 days
- Rest, Icing, Elevation
- Focus PROM/AROM of hand/fingers

PHASE II (Weeks 3-8)

Goals: Early full PROM/AROM, Protect injured tissues, Minimize deconditioning

Discontinue splint, Transition to Hinged Elbow Brace (HEB)

- Start locked to 60deg extension
- Advance 15 degrees weekly with PT/OT

Modalities

- Elevation and ice
- Gentle PROM - working to toward full extension
- Bracing as above
- General cardiovascular and muscular conditioning program
- Soft tissue mobilization if indicated – especially assess the brachialis myofascia
- Passive/Active range of motion (PROM/AROM) exercises, isometric exercises, progressing to resisted exercises using tubing or manual resistance or weights

PHASE III (Weeks 8+)

Goals: Control any residual symptoms of edema and pain, achieve Full ROM, Minimize deconditioning, normal strength, Return to pre-injury functional activities

Modalities:

- Joint mobilization, soft tissue mobilization, or passive stretching if indicated
- Continue to assess for neurovascular compromise
- Nerve mobility exercises if indicated
- Incorporate sport specific exercises if indicated

Signature: _____

Date:

Stephen G. Thon, MD

www.AdvancedOrtho.org

Phone: (303) 344-9090

Fax: (720) 895-1121