



## Elbow, Radial Head, Distal Humerus, Coronoid Fractures Dr. Bakker's Post-op Protocol

### IMPORTANT INSTRUCTIONS FOLLOWING SURGERY:

- After surgery, your forearm and hand will be in a large bandage and plaster splint. Please **DO NOT** remove this. Try to keep your bandage clean and dry.
- To minimize swelling, you must keep your hand lifted up to your shoulder level.
- When sitting or lying, you should use pillows to support your surgically affected extremity, especially when sleeping.
- Encouragement for finger movement to avoid stiffness and to help with swelling reduction. A pulling sensation may be noted, but this is normal.

### REFERRAL TO HAND THERAPY:

- You will be instructed to make an appointment with hand therapy (OT) in 3-5 days following your surgery. Depending on the clinic where hand therapy will be performed, please contact our Edina office at 952-456-7000 or our Plymouth office at 763-520-7870, to schedule.
- The goals for hand therapy following an elbow fracture are to regain full range of motion, decrease pain, progress to strengthening activities, and return to functional activities.
- You will be seen in hand therapy 1-2 times each week.

### WEEKS 0-1:

- Remain in the post-operative splint in 90 degrees of flexion for approximately 1 week.
- Return to the clinic 1 week from surgery for re-evaluation and the application of an Orthoglass removable splint or custom splint from OT (Hand Therapy).
- Formal hand therapy will begin at 1 week post-operatively to begin elbow and wrist range of motion, gripping exercises, and modalities as needed.
- No lifting greater than a full coffee cup.
- Ice 20-30 minutes three times daily.
- Transition to Tylenol and ibuprofen.

### WEEKS 2-3:

- Return to the clinic for post-operative evaluation and suture removal at 10-14 days out from surgery.
- Continue with therapy, progressing to pain free wrist isometrics, elbow flexion/extension isometrics, edema control (light compression), and scar management. Isometric exercises are when the muscles contract without movement.
- The splint should be worn at all times. It may be removed for bathing and when conducting your instructed exercises.

### WEEKS 4-8:

- Return to the clinic at 6 weeks post-operatively for re-evaluation.
- Continue with hand therapy to emphasize wrist strengthening with 1-2 pound weights.
- Active assistive range of motion exercises may be conducted for bending and straightening the elbow. You may conduct forearm rotation (palm up/palm down). You may progress with active motion as tolerated.
- You may conduct shoulder strengthening exercises. If there is ligament involvement avoid resisted external rotation until 6 weeks post-surgery.
- Discontinuation from use of the splint may begin at 6 weeks post-operatively.

### WEEKS 9-13:

- Return to the clinic at 12 weeks from surgery for re-evaluation.
- Initiate eccentric elbow flexion/extension, forearm, wrist, and shoulder exercises in Hand Therapy.

### WEEK 14 AND BEYOND:

- Follow up in clinic as needed.
- Upgrade your strengthening and endurance program. Perform activities as tolerated.
- Return to full work capacity (lifting, pushing, pulling) and throwing if applicable.
- Discharge from OT is expected.