

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing nonsurgical treatment of a simple elbow dislocation. Specific changes in the program will be made by the physician as appropriate for the individual patient

Phase 1 Days 1-7

- Immobilization of elbow at 90 degrees of flexion in a well-padded posterior splint for 3-4 days.
- Begin light gripping exercises (putty or tennis ball).
- Avoid any passive ROM.
- (Patient to perform active ROM when the posterior splint is removed and replaced with a hinged elbow brace or sling)
- Avoid valgus stresses to the elbow.
- Use cryotherapy

Phase 2 Days 7-14

- Replace the posterior splint with a hinged elbow brace initially set at 15-90 degrees.
- Wrist and finger active ROM (avoid valgus stress).
- Flexion-extension-supination-pronation.
- Multiangle flexion isometrics.
- Multiangle extension isometrics (avoid valgus stress).
- Wrist curls/reverse wrist curls.
- Light biceps curls
- Shoulder exercises (avoid external rotation of shoulder because this places valgus stress at the elbow). The elbow is stabilized during shoulder exercises.

Phase 3 Weeks 2-6

- Hinged brace settings 0 degrees to full flexion.
- PRE progression of the elbow and wrist exercises.
- Okay to initiate some gentle low-load, long-duration stretching around 5-6 weeks for the patients loss of extension.
- Gradual progression of weight with curls, elbow extension, and so on.
- Sports-specific exercises and drills initiated.
- External rotation and internal rotation exercises of the shoulder may be incorporated at 6-8 weeks.
- Around 8 weeks in the asymptomatic patient, start interval throwing program.
- No return to play until strength is 85 to 90% of the uninvolved limb.



RAHMAN KANDIL, MD

Board Certified, Fellowship-Trained Orthopedic Surgeon
Shoulder and Knee Specialist

www.rahmankandilmd.com



THE ORTHOPEDIC GROUP

(703) 665-2720