Total Elbow Arthroplasty Rehab Protocol

**Goals:** To achieve a pain free functional elbow. Functional range of motion is considered: 30-120 degrees of flexion and 60 degrees of pronation and supination.

**General:**
- Staples Discontinued POD#14,
  - Apply steristrips
- May shower POD # 12
- No baths, pools or hot tubs for one month
- No lifting of objects greater than ten pounds for LIFE
- Ice to elbow for 15 minutes per hour TID
- Gauze to wound daily
- Instruct patient in avoiding excessive pressure on incision

**Inpatient: Days 0-4**
- Arm splinted in full extension
- AROM of fingers
- Instruct patient in Active assistive flexion, pronation and supination
- Minimize Swelling

**Outpatient Phase I:**
- **No active elbow extension!**
  - Extensor mechanism must be allowed to heal
  - Do not use operated arm to rise from a chair
- Passive/gravity assisted elbow extension to 0 degrees
- Active assistive elbow flexion to 100 degrees
  - If tolerated
- No aggressive or forced flexion
  - Must maintain extensor mechanism integrity
- Active/Passive Pronation and supination to tolerance
- Non Weight Bearing on the operated side
- Sling when ambulating
- Elbow brace locked in full extension at night
- No brace or sling at rest during the day
- AROM of shoulder, wrist and hand
  - Active Assistive Shoulder forward elevation and external rotation
- No aggressive grip strengthening
- No PRE for wrist
- Minimize edema

**PHASE II: Weeks 4-8**

- Continue Shoulder, finger and wrist ROM
- Biceps Strengthening @ Week 6
  - Perform with elbow supported
- Active elbow extension
  - Against gravity only @ week 6
- Discontinue Sling
- Discontinue nighttime splinting/ bracing
- Isometric wrist strengthening

**PHASE III: Weeks 8-12**

- Active Range of motion all planes
- UBE
- Antigravity elbow extension
  - No resistance