

ELBOW FRACTURE WITH ORIF PROTOCOL

The following guidelines should be followed when treating a patient who has suffered a fracture at the elbow, including fractures to the distal humerus and/or proximal ulna, with subsequent surgery for internal fixation. It is important for the therapist to be in contact with the surgeon to know severity of the fracture and what type of fixation was used, and how this relates to specific referral instructions.

IMMOBILIZATION

A removable cast/splint will be worn for the first 3 to 6 weeks, depending on the type of fracture.

PHYSICAL THERAPY

Generally begun during the first week and includes the following.

1. ROM exercises for the upper extremity as needed, particularly early motion at the elbow. Use of CPM should begin during the first week.
 2. Progressive strengthening program. Usually begin with upper extremity isometrics at week 3. Progression to free weights, etc is based on the type of fracture and the fixation. Consider that the fracture site must be protected for 6 weeks to ensure healing.
 3. Cardiovascular training with consideration to protecting the fracture site, ie no weight bearing through the elbow when exercising.
 4. Local modalities as indicated for pain and swelling.
 5. Pool when the incision is healed.
 6. Home Program: All patients must be on a home program to complement the physical therapy program.
 7. ADL's: No lifting or carrying with the involved side until the fracture is healed- usually 6 weeks. Then lifting and carrying based on progression of strengthening program. No driving until after 6 weeks.
- **Depending on the patient's condition, frequency of Physical Therapy will be decided on an individual basis.