



Elbow Dislocation - Nonoperative Therapy Instructions Laith Al-Shihabi, MD

1-3 weeks

Brace:

- Place patient into a long-arm splint with the elbow and 90 degrees and forearm in 45 degrees of pronation.
- Brace is to be worn at all times except for when performing motion exercises.

Motion:

- Begin active and active assist elbow extension and flexion with the forearm in pronation while patient is upright only. Passive flexion is ok.
- Begin active and active assist forearm pronation/supination with the patient supine and shoulder flexed 90 degrees (i.e., upper arm vertical) only.

3-6 weeks

Splint:

- Continue splint at all times except for therapy.

Motion:

- Continue motion exercises as above. However, patient may perform pronation/supination exercises upright if preferred.

Edema Control:

- Per therapist.

6 -10 weeks

Splint:

- Wean from the splint at 6 weeks, discontinue by 8 weeks.
- Static progressive splinting can be initiated if there is failure to achieve greater than a 100 degree arc by 8 weeks.

Motion:

- Continue above motion exercises.
- Begin PROM of the elbow in flexion and extension and forearm in pronation/supination.

Strengthening:

- Begin forearm strengthening at 6 weeks, and gentle elbow strengthening at 8 weeks.
- 5 lbs lifting restriction starting at 8 weeks.
- Transition to home exercise program vs. work or sport-specific conditioning at 10 weeks.

10-12+ weeks

Transition to work- and sport-specific rehab. Light weightlifting (<20lbs) and non-contact sports practice can start at 12 weeks. Moderate weightlifting (<50lbs) and non-contact sports competition or contact sports practice can start at 14-16 weeks. Contact sports competition and unrestricted weightlifting (including plyometrics) can start at 16-20 weeks.