



Radial Head Fracture Nonoperative Treatment

Therapy Instructions

Laith Al-Shihabi, MD

1-2 weeks

Splint:

- Fashion removable long-arm splint holding the elbow in 90 degrees flexion and wrist in neutral.
- Splint to be worn full time except for when performing therapy exercises for the first 4 weeks, then as needed with activities for weeks 4-6.

Motion:

- Hand/finger AROM/AAROM/PROM encouraged immediately.
- Begin AROM and AAROM to elbow extension and flexion, as well as active and passive wrist flexion/extension and pronation/supination.
- 2 lbs lifting restriction.

Edema Control:

Per therapist.

2-6 weeks

Splint:

- Continue splint except when in therapy until 4 weeks.
- At 4 weeks, patients can begin to wean from the splint as their symptoms allow

Motion:

- Continue active elbow extension/flexion, as well as active and passive wrist flexion/extension and pro/supination.
- Begin gentle PROM and continue AROM/AAROM to elbow extension/flexion and pronation/supination starting at 4 weeks.

Edema Control:

Per therapist.

6-10 weeks

Splint:

- Static progressive splinting can be initiated if there is failure to achieve at least a 100 degree arc of flexion/extension by 8 weeks.
- Discontinue use of splint

Motion:

- Advance PROM to elbow flexion/extension, and continue AROM/AAROM exercises.

Strengthening:

- Begin forearm strengthening at 6 weeks, and gentle elbow strengthening at 8 weeks.
- 5-10 lbs lifting restriction starting at 6 weeks.
- 10-20 lbs lifting restriction at 8 weeks, to tolerance by 10 weeks.
- Transition to a home exercise program by 6-8 weeks.

10-12+ weeks

Gradually return to light activity and exercise. There are no further activity restriction after 10-12 weeks. No further therapy is necessary unless required on a case-by-case basis.