Nonoperative Elbow Dislocation Rehabilitation Program

This program is an evidence-based and soft tissue healing dependent program allowing patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on surgical technique and the patient's response to treatment.
Please contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Expected return to work
Sedentary/Cognitive: 1-2 weeks
Light Manual: 4-6 weeks
Heavy Manual: 8-10 weeks

Phase I: 0-6 wks	**Immediate Post Operative Maximum Protection Phase**
Goals	• Protect healing joint • Decrease joint effusion and soft tissue edema • Decrease pain • Active elbow flexion goal: 115 degrees • Active elbow extension goal: 10 degrees short of extension
Precautions	• No lifting, pushing, and pulling
Brace	• Progress elbow brace as outlined by medical provider
PROM / AAROM	• No limitation with elbow flexion range of motion. Gradually progress to full elbow extension. No aggressive stretching into elbow extension. Pronation/supination as tolerated. • Wrist and Hand: range of motion and tolerated
Strengthening	• Light putty exercises to maintain grip • Scapulothoracic strengthening • Isometrics in neutral position
Treatment interventions	• **Sub max isometrics of the triceps, biceps, and brachialis while at neutral position:** These muscles enhance the compressive forces of the humeroulnar joint reducing the humeroulnar sag (Amis Dowson, and Wright, 1980). • **Elbow forearm active ROM exercises in an overhead manner while supine:** Patient shoulder lying on back with shoulder flexed to 90 degrees. This position reduced the gravitational forces distracting the humeroulnar joint and enhances joint tracking during flexion and extension of the elbow (Wolfe & Hotchkins, 2006)
Modalities	• As needed including electrical stimulation, ultrasound, hot pack, and cold pack

Phase II: 6-12 wks	Minimal Protection Phase
Goals	• 5/5 strength with elbow flexion and extension • Elbow flexion goal: 135 degrees • Elbow extension: 0 degrees extension
Brace	• Discontinue based on provider restrictions
ROM	• AROM/PROM: no restrictions
Precautions	• Lifting restriction may be lifted or increased as directed by referring medical provider
Strengthening	• Elbow flexion isotonic strengthening • Triceps extension isotonic strengthening • Pronation/Supination isotonic strengthening As Needed • Scapulothoracic strengthening • Rotator cuff strengthening
Treatment interventions	• Wrist/Hand exercises • Gripping exercises • Wall pushups progressing to standard push up • Bicep curls • Triceps extensions • Pushing, pulling, and functional lifting based on job and home requirements
Phase 12 wks +	• Functional strengthening

Elbow Dislocation References

Amis AA, Dowson D, Wright V. Elbow joint force predictions for some strenuous isometric actions. J Biomech. 1980;13(9):765–75.

Wolfe AL, Hotchkiss RN. Lateral elbow instability: nonoperative, operative, and postoperative management. J Hand Ther. 2006;19:238–43.

Protocol was range of motion restrictions and lifting restrictions were developed by Dr. Trueblood, MD as part of the Advanced Orthopedic Specialist located in Cape Giradeau, Missouri 63703