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AFTER SIMPLE ELBOW DISLOCATION: NONSURGICAL TREATMENT

Phase 1-Days 1-4

- Immobilization of elbow at 90 degrees of flexion in a well-padded posterior splint for 3-4 days.
- Begin light gripping exercises (putty or tennis ball).
- **Avoid any passive ROM**.
  (Patient to perform active ROM when the posterior splint is removed and replaced with a hinged elbow brace or sling)
- **Avoid valgus stresses to the elbow.**
- Use cryotherapy and HVGS.

Phase 2- Days 4-14

- Replace the posterior splint with a hinged elbow brace initially set at 15-90 degrees.
- Wrist and finger active ROM (avoid valgus stress).
- Flexion-extension-supination-pronation.
- Multiangle flexion isometrics.
- Multiangle extension isometrics (avoid valgus stress).
- Wrist curls/reverse wrist curls.
- Light biceps curls.
- Shoulder exercises (avoid external rotation of shoulder, because this places valgus stress at the elbow). The elbow is stabilized during shoulder exercises.

Phase 3-Weeks 2-6

- Hinged brace settings 0 degrees to full flexion.
- PRE progression of the elbow and wrist exercises.
- Okay to initiate some gentle low-load, long-duration stretching around 5-6 weeks for the patients loss of extension.
- Gradual progression of weight with curls, elbow extension, and so on.
- Sports-specific exercises and drills initiated.
- External rotation and internal rotation exercises of the shoulder may be incorporated at 6-8 weeks.
- Around 8 weeks in the asymptomatic patient, start interval throwing program.
- No return to play until strength is 85 to 90% of the uninvolved limb.

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing nonsurgical treatment of a simple elbow dislocation. Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick at **952-456-7111**.