

Dr. Myeroff's Elbow Fracture Ligament Protection Rehabilitation Protocol:

- Phase I (immediately)
 - Precautions
 - Minimize fracture displacement
 - Lift no more than the weight of a coffee cup or cell phone for 12 weeks
 - Avoid pushing, pulling
 - Sling as needed and when at risk for falling
 - Ligament precautions
 - Avoid active shoulder abduction / elevation reaching (varus at the elbow)
 - Avoid straitening the elbow with the palm up
 - Goals:
 - Pain and swelling control
 - A stocking or ace wrap from wrist up to the upper arm
 - Routine elbow/wrist/finger motion (see handout) three times per day will minimize stiffness in these joints and pump fluid up and out of the arm.
 - Elbow elevation
- Phase II (starts at first occupational therapy visit, usually weeks 0-6)
 - Goals
 - Continue swelling control and elbow/wrist/finger motion
 - Begin elbow therapy
 - Three times per day home exercise program
 - 15 second holds, three reps each motion, three times per day
 - Active assist motion
 - Your injured arm does some of the work with help from your other arm
 - Active Motion
 - Your injured arm does all of the work
 - Elbow range of motion (Active and Active Assist)
 - Flexion and extension: Bending your elbow up (flexion) and straitening it out (extension)
 - Work on elbow flexion and extension with the elbow tucked at the side and the forearm in pronation (palm down)

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 - Pronation (palm down) and supination (palm up):
 - Only work on pronation and supination with the elbow tucked at the side and flexed to 90 degrees
- Phase III (usually weeks 6-12)
 - Goal: Painless full passive range of motion
 - Passive uses an outside force to move your elbow
 - This can be done BY your therapist or your opposite arm.
 - Progressive splinting uses a device to help push your elbow motion
- Phase IV (one range of motion has plateaued)
 - Goal: Strengthening, return to work / sport
 - Continue range of motion exercises up to 1-year
 - Strengthening