

Post Operative Rehabilitation Following Elbow Arthroplasty (Posterior Compartment/Valgus Extension Overload)

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: Immediate Motion Phase

Goals: Improve/Regain full range of motion, Decrease pain/inflammation, Retard muscular atrophy
Day 1 to 4

- Range of motion to tolerance (Extension/Flexion and Supination/Pronation)
- Often full elbow extension is not capable due to pain
- Gentle overpressure into extension
- Wrist flex/ext stretches
- Gripping exercises (putty)
- Isometrics wrist ext/flex
- Isometrics elbow ext/flex

Day 5 to 10

- Range of motion exercises to tolerance (at least 20-90)
- Overpressure into extension
- Joint mobilization to re-establish ROM
- Wrist flex/ext stretches
- Continue isometrics
- Continue use of ice, compression to control swelling

Day 11 to 14

- Range of motion exercises to tolerance (at least 10-100)
- Overpressure into extension (3-4 times daily)
- Continue joint mobilization techniques
- Initiate light dumbbell program (PRE's)
- Biceps, triceps, wrist flex/ext, sup/pronators
- Continue use of ice post-exercise

Phase II: Intermediate Phase

Goals: Improve strength/power/endurance, Increase range of motion, Initiate functional activities
Week 3 to 4

- Full range of motion exercises (4-5 times daily)
- Overpressure into elbow extension
- Continue PRE program for elbow and wrist musculature
- Initiate shoulder program (Thrower's Ten Shoulder Program)
- Continue joint mobilization
- Continue ice post-exercise

Week 4 to 7

- Continue all exercises listed above
- Initiate light upper body program
- Continue use of ice post-activity

Phase III: Advanced Strengthening Program



Goals: Improve strength /power/endurance, Gradual Return to functional activities

**** Criteria to enter Phase III**

- 1) Full non-painful range of motion
- 2) No pain or tenderness

Week 8 to 12

- Continue PRE program for elbow and wrist
- Continue shoulder program
- Continue stretching for elbow/shoulder
- Initiate Interval program and gradually return to sporting activities

Comments:

Frequency: ____ times per week

Duration: ____ weeks

Signature: _____

Date: _____