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Elbow Fracture ORIF Rehabilitation Protocol (distal humerus, olecranon, radial head)

Weeks 0-2

 Most often the patient will be in a splint and sling until first post-op visit. If not, then proceed with plan below

• Weeks 2-6

- o Goals: prevent stiffness, decrease swelling/inflammation, and protect fixation
- Depending on fracture, patient, and insurance, a hinged elbow brace may be used after removal of the splint
- Start passive, active-assisted, and active elbow and wrist flexion/extension exercises and forearm pronation/supination exercises.
 - For olecranon fractures and osteotomies no active extension until week 6; no resisted extension until week 12
- o Grip strengthening and full ROM of wrist and digits
- o Full ROM of shoulder; prevent stiffness from thumb to shoulder outside of the elbow
- o Modalities as needed for muscle stimulation, pain control, and edema control
- No lifting heavier than a cup of coffee/glass of water; okay to use write, use keyboard, button shirt, etc.
- If limitation in ROM is significant at 6 weeks (flexion <90 degrees or extensor lag >30 degrees) may consider progressive dynamic splinting. *Please notify surgeon to obtain prescription

• Weeks 6-12

- o Goals: improved swelling and pain, increase ROM, begin strengthening
- Start manual upper extremity PNF exercises
- Emphasize ROM and isometric exercises
- Progress to early resistance exercises
- Isokinetic program to start at week 8-9
- Stretching and neuromuscular control exercises
- No lifting heavier than 5-10lbs
- Modalities as needed for muscle stimulation, pain control, and edema control

Weeks: 12+

- Goals: increase strength, return to work, sport and/or pre-injury functional level with minimal to no restrictions
- Modify/progress muscular strengthening and conditioning
- Work or sport specific strengthening
- Work on improving functional/ADL tasks as needed
- No lifting restriction, but increase weight gradually
- Customized HEP to continue once PT/OT is completed

