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**New York, NY 10021**

**REHAB PROTOCOL: Olecranon or Distal Humerus Fracture Non-op**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**Phase I: 0-4 weeks**

1. Postop posterior splint including the wrist
2. Non-weight bearing to operative extremity
3. Elevate your extremity
4. Patient encouraged to move fingers through full range of motion

**Precautions:**

No lifting, pushing, or pulling with the arm

**NO** pushing yourself from chair or bed with the operative arm

**Phase II: 4-8 weeks**

1. Remove posterior splint
2. Continue non-weight bearing activities: May type and write. No lifting, pushing, or pulling
3. Wrist and hand- Active range of motion
4. Elbow:
  - a. No active ROM
  - b. Gentle therapist supervised PROM of elbow 30-90
  - c. No flexion past 90 degrees
  - d. No passive stretching
5. Shoulder, Scapula and fingers: Active range of motion
6. Edema control
7. Modalities prn
8. Home exercise program

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**Phase III: 8-12 weeks**

1. Wrist and hand- Active range of motion
2. Elbow:
  - a. AAROM, AROM of elbow
  - b. Passive end range stretching after 10 weeks
3. Shoulder, Scapula and fingers: Active range of motion
4. Home exercise program

**Phase IV: 3 months and beyond**

1. Allow unrestricted activity with the upper extremity
2. Gradually introduce heavy lifting
3. Avoid contact sports till 6 months

**Modalities**

Heat and Ice

Ultrasound

Therapists' discretion

TENS

**Evaluation and others**

Teach home exercise program

**Comments:**

**Frequency:**   2   times per week

**Duration:**  12  weeks

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_