Matthew Gotlin, MD
159 East 74th Street
New York, NY 10021

REHAB PROTOCOL: Open Elbow Capsular Release for Post Traumatic Stiffness

Name:_____   **Date:**_____

Diagnosis:_____   **Date of Surgery:**_____

Principles:

Range of Motion (ROM) takes precedence over strengthening!!
If ROM is lagging behind, hold off on strengthening and focus on ROM and stretching.
Splint are use to stretch tissue with minimal pain

Phase I: Weeks 0-6 (Therapy to start on the day of surgery)
Most Important phase of Therapy after Capsular release
Goal: 90% intraoperative ROM should be obtained and maintained (see above)

Precautions
- Avoid strengthening exercises during phase I
- **NO** Upper Body Ergometer, Body Blade and Therabands

PLAN
- Therapy 4-5 times a week
- Pain control: ice, heat, modalities, anti-inflammatory medications
- Maintain desired ROM with active, passive, and active assisted exercises
    1. Elbow flexion, extension, supination, pronation
    2. No limitations to ROM in any plane
    3. Stretching in all planes with special focus on
        1. Extension (straightening of the arm)
        2. Flexion (bending of the arm)

159 East 74th Street
New York, NY 10021
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310
Scarsdale, NY 10583
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100
Westbury, NY 11590
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road
Staten Island, NY 10306
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue
Brooklyn, NY 11201
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13th Street, 6th Floor
New York, NY 10077
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard
North Bergen, NJ 07047
Tel: 212-737-3301 Fax: 212-734-0407

- Use static splinting if no gains in ROM
- Soft tissue mobilization
- Home exercise program, CPM machine, weighted stretches, static splinting: to be done daily

Phase II: Weeks 6 and beyond

- Therapy two times a week
- Continue with Phase I exercises
- Shoulder, Scapular and wrist strengthening exercises
- Elbow strengthening to start at 10-12 weeks if range of motion is good

Modalities
◊ Heat and Ice
◊ Ultrasound
◊ Soft tissue mobilization
◊ Deep tissue massage
◊ Therapists' discretion
◊ TENS

Evaluation and others
◊ Teach home exercise program

Comments:

Frequency:____2____times per week   **Duration:___12___weeks**

Signature:_____   **Date:_____**