



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

REHAB PROTOCOL: ORIF Distal Humerus or Olecranon

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: 0-14 days

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: 2-6 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. Start gentle AROM, AAROM of elbow in flexion, and extension, elbow supination and pronation
 - b. Limit flexion to 90 degrees in first 4 weeks
 - c. No passive stretching
5. Shoulder, Scapula and fingers: Active range of motion
6. Edema control
7. Modalities prn
8. Home exercise program

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

Precautions:

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Phase III: 7-12 weeks

1. Aim for achieving maximum range of motion of joint above and below –elbow flexion and extension, wrist flexion and extension, forearm supination and pronation. End range passive stretching allowed
2. Allow light weight bearing activities at 6 weeks, no heavy lifting, pushing or pulling
3. 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: _____