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REHAB PROTOCOL: Total Elbow Replacement

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I: 0-14 days

1. Non-weight bearing to operative extremity
2. Elevate your extremity
3. Patient encouraged maintain extension of elbow

Precautions:

No lifting, pushing, or pulling with the arm

NO active contraction of Triceps

NO pushing yourself from chair or bed with the operative arm

Phase II: 2-6 weeks

1. Continue non-weight bearing activities: May type and write. No lifting, pushing, or pulling
2. Wrist and hand- Active range of motion
3. Elbow:
 - a. Active assisted ROM with **gentle flexion to 100 and full extension**
 - b. OK to use gravity or gentle force to gain extension
 - c. No passive stretching in flexion (NO force should be applied to bend [flex] the elbow).
 - d. Full AROM in Supination and Pronation
4. Home exercise program

Precautions:

No lifting, pushing, or pulling with the arm

NO active contraction of Triceps

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NO passive stretching in flexion (NO force should be applied to bend [flex] the elbow).

Phase III: 7-12 weeks

1. AROM of Elbow (Flexion, extension, supination and pronation)
2. Isometric strengthening of elbow at 90

Phase IV: 3 months and beyond

1. Allow unrestricted activity with the upper extremity
2. **PERMANENT RESTRICTION: No repetitive lifting greater than 2 pounds, and no lifting greater than 6 pounds in a single event**

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: _____