

OPEN REDUCTION INTERNAL FIXATION OLECRANON FRACTURE

PHYSICAL THERAPY POSTOP PROTOCOL

****YOU NEED TO HAVE YOUR PHYSICAL THERAPY SCHEDULED TO START WITHIN ONE WEEK OF SURGERY. THIS IS EXTREMELY IMPORTANT.****

** Please keep in mind, these are guidelines only. Other than specifics regarding slingwear and specific limitations, I trust your expertise to provide the best treatment strategy for my patients** if there are any questions don't hesitate to contact myself or my team

This protocol provides you with general guidelines for the patient undergoing open reduction-internal fixation of an olecranon fracture or non-union. Specific changes in the program will be made by the physician as appropriate for the individual patient.

Please do not hesitate to contact with questions. Be sure to review the last paragraph of the operative note for details of recovery.

Immediate Post-Operative Period

- Full time splinting
- Full hand extension to tight fist 10x/hour while awake
- Non-weight bearing to operative extremity. No resisted extension exercises

Phase 1 (Weeks 0 to 1)

- 1-2 visits/week; first visit should be at 3-5 days post-op
- Dressing down, instruct in non-adherent dressing changes to be done daily
- May shower if incisions are dry. Water runs off skin and patient pats incision dry with clean towel (not to be used for the rest of patient's body)
- Brace off-the-shelf HINGED brace LOCKED in 90° of flexion, this is to be worn at all times except during ROM exercises

- AROM/AAROM of elbow with gravity assisted extension of elbow. AROM/PROM of shoulder, wrist and hand
- Limit elbow flexion to 90° for first 4 weeks
 - Light putty exercises for grip once full ROM of digits are restored
 - Edema control
 - Modalities PRN
 - Review post-operative precautions
 - At first post-op visit with Dr. Khalil at 1 week:
 - Pain assessment/Rx adjustments or refills as needed
 - Stitches out, steri-strips applied
 - Review post-operative limitations/precautions
 - Therapy Rx
 - Work note→ no lifting, pushing or pulling. Must wear brace at all times. No driving/operating machinery. No contact sports
 - Expected return to work
 - Sedentary→ 2 weeks
 - Light manual→ 8 weeks
 - Heavy manual→ 3 months

Phase 2 (Weeks 2 to 6)

- 1-2 visits/week
- Continue brace, brace may be unlocked for ROM with a 90° flexion block for the first 4 weeks
- AROM/AAROM with gravity assisted extension of elbow. AROM/PROM of shoulder, wrist, and hand
- May advance elbow flexion ad lib after 4 weeks
- Modalities PRN
- HEP

Phase 3 (Weeks 6 to 12)

- 1-2 visits/week
- AROM/PROM of elbow, wrist, and hand
- If >20° lack of extension or elbow flexion <130° at 8 weeks, add a static progressive splint to address this deficit
- Start progressing general strengthening of shoulder, elbow, wrist, and hand
- When patient is at least 10-130° flexion and elbow flexion/extension strength = 80% of contralateral, may advance patients with heavy manual laboring jobs to work hardening. Other patients may advance to HEP
- Modalities PRN
- HEP