Post Operative Rehabilitation Following Elbow Manipulation Under Anesthesia

Name:_____   Date:_____

Diagnosis:_____   Date of Surgery:_____

☐ **Phase I –Immediate Motion Phase**
- **Goals**
  - Improve/regain of range of motion
  - Retard muscular atrophy
  - Decrease pain/inflammation
- **Day 1-4**
  - Range of motion to tolerance (elbow flexion/extension and supination/pronation)
  - Often full elbow extension is not capable due to pain
  - Gentle overpressure into extension
  - Wrist flex/ext exercises
  - Gripping exercises with putty
  - Isometrics for wrist/elbow
  - Compression/ice 4-5 times daily
- **Day 5-10**
  - range of motion ext/flex (at least 20-90)
  - overpressure into extension (4-5 times daily)
  - joint mobilization to re-establish ROM
  - continue isometrics and gripping exercises
  - continue use of ice
- **Day 11-14**
  - ROM exercises to tolerance (at least 10-100)
  - Overpressure into extension (3-4 times daily)
  - Continue joint mobilization techniques
  - Initiate light dumbbell program (PREs)
  - Biceps, triceps, wrist flex/ext, sup/pronators
  - Continue use of ice post-exercise

☐ **Phase II –Intermediate Phase**
- **Goals**
  - Increase range of motion
  - Improve strength/power/endurance
  - Initiate functional activities
- **Week 3 to 4**
  - Full ROM exercises (4-5 times daily)
  - Overpressure into elbow extension
  - Continue PRE program for elbow and wrist musculature
  - Initiate shoulder program (Thrower's Ten Shoulder Program)
  - Continue joint mobilization
  - Continue use of ice post-exercise
- **Week 4 to 7**
  - Continue all exercises listed above
  - Initiate light upper body program
  - Continue use of ice post-exercise

- **Goals**
  - Improve strength/power/endurance
  - Gradual return to functional activities
- **Criteria to Enter Phase III**
  - Full non-painful ROM
  - No pain or tenderness
- **Week 8 to 12**
  - Continue PRE program for elbow and wrist
  - Continue shoulder program
  - Continue stretching for elbow/shoulder
  - Initiate Interval program and gradually return to sporting activities

Comments:

Frequency: _____ times per week   **Duration:** _____ weeks

Signature: _____   **Date:** _____