



Total Elbow Arthroplasty Dr. Staiger

*Schedule OT 3-5 days post-op.

** Client will have a 5# lifting restriction forever after this surgery.**

Time Frame	Treatment	Goals
Phase I	Evaluate and Treat.	Edema control
Post-Op Day 3-5	 Fabricate a custom upper arm-based protective anterior long arm orthosis (L3702) at 30-45° of elbow flexion. Change dressing. Check posterior incision and instruct in protecting posterior incision i.e. don't lean on incision. Instruct in edema management techniques. Educate in AROM, AAROM, and PROM elbow flexion, supination, and pronation and PROM or gravity assisted elbow extension to be completed in therapy and at home. Reinforce NO active elbow extension until the extensor mechanism is healed, at 6 weeks post-op. Specifically reinforce NO pushing up from chair. Instruct in precautions including no use of the involved upper extremity. (May use the involved upper extremity to write.) 	 Pain management ROM
Phase II 2 Weeks	 Continue previous exercises and wearing the orthosis between exercise sessions. Check posterior incision. Begin gentle hand strengthening with putty. Issue scar pad (to be worn once incision is healed). 	Gentle hand strengthening
Phase III 3 Weeks	 May use modalities as indicated (ultrasound typically not done until 4 weeks post-op) Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks. If used, ultrasound is usually completed at a low intensity (i.e. 0.5 w/cm2, 3 MHz) and pulsed setting (i.e. 20%) when over the hardware area. 	Continued edema control and pain management
Phase IV 4 Weeks	Client may begin scar massage as long as incision is healed.	Scar management
Phase V 6 Weeks	 Elbow orthosis may be discontinued. Instruct in AROM elbow extension to be completed 6-8x/day. Strengthening may begin for wrist, forearm, and elbow. Client returns for follow up appointment with doctor. 	 Progression of ROM PREs for wrist, forearm, and elbow