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Elbow Dislocation Rehab Protocol

AFTER SIMPLE ELBOW DISLOCATION: NONSURGICAL TREATMENT

Phase 1-Days 1-4

Immobilization of elbow at 90 degrees of flexion in a well-padded posterior splint for 3-4 days.

Begin light gripping exercises (putty or tennis ball).

Avoid any passive ROM.

(Patient to perform active ROM when the posterior splint is removed and replaced with a hinged elbow brace or sling)

Avoid valgus stresses to the elbow.

Use cryotherapy and HVGS.

Phase 2- Days 4-14

Replace the posterior splint with a hinged elbow brace initially set at 15-90 degrees.

Wrist and finger active ROM (avoid valgus stress).

Flexion-extension-supination-pronation.

Multiangle flexion isometrics.

Multiangle extension isometrics (avoid valgus stress).

Wrist curls/reverse wrist curls.

Light biceps curls.

Shoulder exercises (avoid external rotation of shoulder, because this places valgus stress at the elbow). The elbow is stabilized during shoulder exercises.

Phase 3-Weeks 2-6

Hinged brace settings 0 degrees to full flexion.

PRE progression of the elbow and wrist exercises.

Okay to initiate some gentle low-load, long-duration stretching around 5-6 weeks for the patients loss of extension.

Gradual progression of weight with curls, elbow extension, and so on.

Sports-specific exercises and drills initiated.

External rotation and internal rotation exercises of the shoulder may be incorporated at 6-8 weeks.

Around 8 weeks in the asymptomatic patient, start interval throwing program.

No return to play until strength is 85 to 90% of the uninvolved limb.