

Orthopaedic Sports Specialists, P.C.

Michael E. Joyce, M.D. & Alex G. Dukas, M.D.

84 Glastonbury Blvd., Suite 101, Glastonbury, Connecticut 06033

Voice: 860-652-8883, Fax: 860-652-8887

Distal Humeral Fracture Early Range of Motion Post-Op Rehabilitation Protocol

1 week - NWB

Splint:

-Splint worn round-the-clock for 1 week. Seen by a surgeon at 1 week status post surgery and given range of motion brace. Range of motion brace to be worn around the clock for 6 weeks.

Motion:

-Hand/finger AROM/AAROM/PROM encouraged immediately.

-Begin active elbow extension/flexion and pro/supination, as well as active and passive wrist flexion/extension.

Edema Control: Per therapist.

2-6 weeks - goal of 0-90 ROM, NWB

Incision care:

-Begin scar desensitization/massage at 2-3 weeks as wound allows.

Splint:

-Continue splint except when in therapy.

Motion:

-Continue active elbow extension/flexion and pro/supination, as well as active and passive wrist flexion/extension.

-Begin gentle PROM and continue AROM/AAROM to elbow extension and flexion starting at 4 weeks.

Edema Control: Per therapist.

6 -10 weeks

Splint:

-Wean from the splint at 6 weeks, discontinue by 8 weeks.

-Static progressive splinting can be initiated if there is failure to achieve at least a 100 degree arc of flexion/extension by 8 weeks.

Motion:

-Advance PROM to elbow flexion/extension and pro/supination, and continue AROM/AAROM exercises.

Strengthening:

-Begin forearm strengthening at 6 weeks, and gentle elbow strengthening at 8 weeks.

-5 lbs lifting restriction starting at 6 weeks.

-Transition to a home exercise program by 8-10 weeks.

10-12+ weeks

Gradually return to light activity and exercise. Final return to strenuous activities per surgeon at 12 week office visit.