Tallaght University Hospital OT & PT Rehabilitation Guidelines: Surgical Release of the Elbow.

DIARMUID MOLONY ORTHOPAEDICS

Indications for surgery:

- Chronic elbow stiffness due to capsular restrictions and arthrosis
- Traumatic loss of elbow ROM due to capsular restriction +/- foreign body placement in joint.

Goals of surgery and rehabilitation:

- Reduce pain/inflammation.
- Restore Passive Range Of Motion (ROM) as per post-op note.
- Restore A/ROM as per post-op note. (NB functional ROM elbow 300-1300, forearm 600/600).
- Strengthening.
- Proprioception re training
- Scar management.
- Oedema management
- Facilitate safe functional use, ADL independence and restoration/adaptation of key roles and interests.

PHASE 1 - Acute Post-op (0-3/7): On ward

NB: Check medical notes and post-op notes for specific instructions – rehabilitation depends on type of prior injury, surgical approach, the degree of ligamentous integrity and overall joint stability. Refer to local centre for OP Physiotherapy for ≥4/52 post-op. Confirm with team OT referral sent for splinting on day 3.

Occupational/Hand Therapy	Physiotherapy	Shared
• Discharge facilitation as necessary.	• +/- CPM in the first 24 hours x 48 hours. • Gentle full ROM of elbow Eccentric flexion and active extension in supine with shoulder at 90° flexion • Isometric exercises of the elbow • Gentle gripping only • Full cervical, scapula, shoulder, wrist and finger ROM • Postural advice • Referral for 4/52 OPD review	• Pain mgt. • Oedema mgt. • Encourage patient to monitor for signs of wound infection as per ward/medical advice

Restrictions:

- Screen for signs of ulnar neuropathy
- If MCL/LUCL repaired or joint laxity present limit varus/valgus loading as per post op note.

PHASE 1 - OPD (3/7– 4/52): Occupational Therapy led in OPD.

OCCUPATIONAL / HAND THERAPY		
ROM & Splinting	**Strengthening & Functional Use**	**Other**
• Splinting: - Static Progressive (SP) Elbow Extension Splint 24/24 till end of week 4. - Aim to achieve post op ROM - see post-op note.	• Progressive eccentric exercises as tolerated ext.>flex initially. • Continue isometric exercises	• Pain mgt - Meds (as prescribed or OTC) - Pacing of ADLs - +/- Cryotherapy • +/- Psychological coping
• Progress elbow and forearm ROM – out of splint - P/ROM to A/ROM - In supine initially (relax biceps & recruit triceps). - Dosage patient dependant	• Light Fx use as tolerated - One handed aids & techniques for P/&D/ ADLs initially (i.e. x 2/52) - Functional use out of splint allowed ONLY for feeding / grooming / showering at 2/52.	• Oedema mgt: - Ice post exercise.

OCCUPATIONAL / HAND THERAPY		
ROM & Splinting	**Strengthening & Functional Use**	**Other**
• Progressing to ROM in sitting/standing as motor control allows. • Maintain ROM in unaffected joints of involved limb. • Encourage good posture especially upper spine and shoulder	• Return to work (RTW) in sedentary work in splint > 2/52 on light duties.	• Scar management - Wound care - early desensitisation initially, - silicone, - massage.
• Varus / valgus loading precautions as relevant.	• Return to driving <4/52 ONLY if essential for return to work where job loss a risk. - NOT IN SPLINT. - when functionally competent - Patient to contact own insurance company prior to same.	• Monitor neurological status.
• Refer to Physio for 4/52 follow-up if patient was not in CPM on Ward/ not in-pt.		

Restrictions:
- Do not force ROM beyond that achieved on the op table.

PHASE 2 (4-12/52): Commence co-treating Occupational/Hand Therapy and Physiotherapy

Occupational/Hand Therapy	Physiotherapy	Shared
• Splinting; - SP Elbow ext. at night till terminal ROM achieved and maintained x 2/52. - +/- SP Flexion splinting - +/- SP Pronation/ Supination splinting • Phased progression of functional use of limb. - Varus / valgus loading precautions as relevant esp. in D/ADLs and DIY.	• Exercises • Forearm resistance - flexor / extensor groups • Focus on motor control into extension • Progressive closed chain proprioceptive exercises. • Progress ROM as tolerated • Heat and stretch P/ROM (caution not to irritate capsule or over stimulate biceps). • Manual Therapy – capsular and soft tissue	• Pain Management

Occupational/Hand Therapy	Physiotherapy	Shared
• Return to driving >4/52 - when functionally competent - Patient to contact own insurance company prior to same. • Progressive RTW in moderate manual work >4-6/52 as tolerated / appropriate / as per treating Consultant. • Scar Mgt – on going • Oedema Mgt – on going • +/- Psychological coping	• On going kinetic chain rehab as necessary.	

Restrictions:
- No functional throwing till >12/52.

PHASE 3 (>12/52): Co-treating Hand Therapy/OT and PT

Occupational/Hand Therapy	Physiotherapy	Shared
• On going SP splinting as necessary to achieve terminal ROM • Joint Protection Principles – taught and integrated in ADLs • +/- Adaptation to residual loss of ROM impacting productive role or leisure interests despite good outcome of surgery • Scar management – on going	• Progressive strengthening. • Return to sports • Return to Gym	• Pain management – on going • Return to heavy ADLs / manual labour and heavy lifting - as per treating Consultant • Other patient specific...