

Elbow Total Arthroplasty Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. No lifting, pushing, pulling or forceful gripping with the surgical arm. Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	Postoperative splint: posterior long arm splint A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise <ul style="list-style-type: none"> • Finger flexion and extension AROM and AAROM for tendon glides • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction • Forward and backward shoulder circles moving the scapula on the thorax • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



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**Phase 2 Precautions: Avoid using the surgical arm to push up from a chair.
No lifting anything heavier than a cell phone with the surgical arm.**

Phase 2	Emphasis on	Orthosis	Exercise
2-6 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Restore range of motion</p> <p>Protection of the arthroplasty</p> <p>Scar management</p>	<p>Elbow orthosis (hinged or custom static) vs. sling for protection</p> <p>Hinged EO full time including to sleep removing for hygiene</p> <p>Tubigrip or an ace wrap at the elbow for swelling prn</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> Continue previous recommendations AROM wrist 4-way AROM/AAROM elbow flexion to tolerance Gravity assisted elbow extension With the elbow positioned in 90 degrees flexion, forearm rotation to tolerance <p>Scar management activities</p>

Phase 3 Precautions: Gradual weaning from orthosis.

No resistance strengthening until after 8 weeks post op. No resistance greater than 1-2 pounds during strengthening.

Lifetime lifting limit of ≤ 5 pounds

Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	<p>Gradual weaning from orthosis, if applicable</p> <p>Begin gradual strengthening by resuming functional activities within lifetime lifting precaution</p> <p>Continue restoration of range of motion, if applicable accepting an elbow flexion contracture of $\leq 20^\circ$</p>	<p>If applicable, discontinue elbow orthosis as directed by surgeon (typically at 6-8 weeks)</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> Continue previous recommendations as applicable Beginning at 8 weeks: progressive resistance for elbow and wrist strengthening using 1-2 pounds if needed Encourage functional activities within lifetime lifting restriction as a means of strengthening

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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