

Radial Head Replacement Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid 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 including the elbow and wrist A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Elevation 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 • Forward and backward shoulder circles moving the scapula on the thorax • Gentle, pain-free cervical AROM to relieve tension • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake

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Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.
Protected motion with collateral ligament repairs (see below).
No resistive elbow strengthening until 6 weeks post op.

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>Protection of the repair</p> <p>Continued relative rest for soft tissue recovery</p> <p>Address any finger and thumb ROM deficits</p> <p>Scar management</p>	<p>Typically, a hinged elbow orthosis (EO)</p> <p><u>With LCL repair:</u> forearm is positioned in pronation and supination is limited to neutral X 3-4 weeks</p> <p><u>With MCL repair:</u> forearm is positioned in supination and pronation is limited to neutral X 3-4 weeks</p> <p><u>With both LCL/MCL repair:</u> forearm is positioned in neutral and forearm rotation is limited to midrange from neutral X 3-4 weeks</p> <p>Hinged EO may initially blocks terminal 30-60° of elbow extension (depending on surgeon preference), increasing extension ROM by 15° weekly or 10° every 5 days, depending on the options on the hinged EO</p> <p>Orthosis full time removing for hygiene maintaining protected position</p>	<p>NWB of the surgical upper extremity</p> <p>Movement of unaffected joints throughout the day</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> Continue above therapeutic exercises AROM wrist 4-way Dexterity/hand manipulation tasks For 3-4 weeks with and collateral repair: <ul style="list-style-type: none"> elbow AROM and AAROM is performed in pronation for LCL repair, supination for MCP repair and neutral if LCL and MCL repaired progressive elbow extension as allowed by hinged EO forearm rotation <ul style="list-style-type: none"> for LCL repair: full pronation to neutral for MCL repair: full supination to neutral for LCL and MCP repair: midrange from neutral At week 4: <ul style="list-style-type: none"> progress elbow flexion/extension and

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			<p>gradual forearm pronation/supination as tolerated to achieve full AROM</p> <ul style="list-style-type: none"> ○ light grip strengthening ● Composite upper quarter ROM to address fascial tightness and stiffness from protective guarding positions <p>Scar management activities</p>
<p>Phase 3 Precautions: Gradual weaning from orthosis.</p> <p><u>Avoid pain when strengthening</u> and when progressing ADL's and functional use of the surgical hand.</p> <p>NWB until 12 weeks post op unless otherwise indicated by the surgeon.</p> <p>Avoid activities with significant compression or distraction (bench press, pull ups, push ups) until 6 months post op unless otherwise indicated by the surgeon.</p>			
Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	<p>Orthosis weaning when allowed by the surgeon (typically begins 6-8 weeks post op)</p> <p>Begin gradual strengthening for functional activities</p> <p>Restoration of range of motion for forearm and elbow</p> <p>Encourage functional use of the surgical hand progressing activities as tolerated</p>	<p>Gradual weaning from hinged EO, may be advised to continue for more vigorous activities until 8 weeks post op</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● week 6-8: <ul style="list-style-type: none"> ○ wrist and elbow strengthening starting with isometrics and/or light dumbbells (1-5 pounds) ○ Add PROM to restore elbow and forearm range of motion as tolerated ● week 8-12: <ul style="list-style-type: none"> ○ resume all ADL's ○ avoid lifting (>15 pounds and activities with significant compression or distraction unless otherwise indicated by the surgeon)

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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