Adam Seidl, MD Assistant Professor Shoulder/Elbow Surgery Department of Orthopedics University of Colorado



 Highlands Ranch Hospital

 (720) 516-4090

 Inverness

 (303) 694-3333

 Anschutz Medical Campus

 (720) 848-1900

UNIVERSITY OF COLORADO

<u>Rehabilitation Protocol</u> <u>Distal Humerus Fracture Fixation</u>

Phase I: Early ROM & Protect Fixation (0 to 4 weeks)

- Splint and postop dressing remains in place for the first 2 weeks.
- Hinged Elbow Brace worn at all times (after the initial dressing removed)
- Initiate elbow exercise program 5 times per day:
 - Passive extension to 0 degrees as tolerated
 - Active flexion to 90 as tolerated
 - Progress to full Supination/Pronation
- Shoulder/wrist/hand exercises encouraged
- Edema control
- Avoid active elbow extension x 6 wks postop
- Grip and wrist/hand AROM immediately.
- Perform supination ROM only with the elbow flexed to 90 degrees.

Phase II: Advance ROM and function (4-6 weeks)

- Passive extension to 0 degrees as tolerated
- Active/Passive flexion may increase by 10 degrees per week as tolerated
- Progress to full Supination/Pronation
- Progress to active/active assist ROM
- Begin wrist, forearm, and hand/finger strengthening exercises

Phase III: Full ROM and function (6-10 weeks)

- Wean from brace once fracture healing on XRAY (6-8 wks)
- May begin static progressive splinting if failure to achieve >100 degree arc ROM by 8 wks
- Begin active elbow extension
- Progress with strengthening slowly
 - -5 lbs lifting restriction at 6wks
 - -15 lbs lifting restriction at 8 wks
- Transition to HEP by 8-10 wks

Phase IV: Full ROM and function (10-12+ weeks)

- Gradually return to light activity and exercise
- No further activity restrictions after 12 weeks