



NICHOLAS J NEWSUM, M.D.
ORLANDO HAND SURGERY ASSOCIATES
801 N. ORANGE AVE SUITE 600B
ORLANDO, FL 32801
PHONE (407)-841-2100
FAX (407)-841-5705

Total Elbow Arthroplasty

Therapy typically lasts 2-3 months

Expect 20-50 degree extension loss, but full flexion

Patients have lifetime restriction of no single lifts greater than 5 lbs, no repetitive greater than 2 lbs.

POD 10-14:

Splint: The post-operative dressing is removed and patient fitted with a posterior or anterior mold splint at 90 degrees. A light dressing is re-applied. Consider scar message/silicone treatment and neuromuscular stim to biceps. A standard shoulder sling is worn during the day. Edema control with stockinette.

Motion:

- If triceps was spared during approach: AROM and PROM in elbow flexion, forearm pronation/supination, and gentle PROM for elbow extension
- If triceps was removed from olecranon and repaired, AROM in flexion and supination, and PROM extension and pronation for 6 weeks.

6 weeks:

Splint: Discontinue splint and sling

Motion: Continue range of motion as above, and begin active extension 6-8 times per day, 10 minutes each session. Consider dynamic or static elbow flexion, if needed.

8 weeks:

Motion: Continue range of motion as above. We never progress to elbow strengthening – patient will have a permanent 5lbs lifting restriction with the operative arm.

Final range of motion is typically 20 to 50 deg extension to 130 flexion. Patients have lifetime restriction of no single lifts greater than 5 lbs, no repetitive > 2 lbs.