

Elbow Release Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____ Next Physician Appointment: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

____ Week 0-2:

- Discontinue OR splint on POD 1
- Advance elbow ROM – AAROM advance as tolerated to AROM
- Home exercises four times daily
- Passive end-range stretching
- Ice/elevation
- Gentle hand, wrist and shoulder ROM as tolerated
- Splints – OT to fashion extension splint to wear at night

____ Weeks 2-6:

- Begin isometric strengthening
- Advance ROM as tolerated
- Passive end-range stretching
- Continue home exercises
- Continue extension splint at night
- Splint – remold extension splint as needed to maintain terminal extension

____ Weeks 6-12:

- Discontinue extension splint
- Advance strengthening as tolerated
- ROM with continued emphasis on end-range and passive overpressure

Comments:

____ Teach Home Exercise Program

Modalities

____ Heat before ____ Ice after ____ Other _____

____ Therapist's discretion

Signature _____