



# Orthopaedic Protocols

## Total Elbow Arthroplasty (Modified Coonrad-Morrey)

### 3-5 Day Post-op:

- The bulky dressing is removed and a light compression dressing is applied to the forearm & humeral area.
- Active & Passive Range of Motion (AROM and PROM) exercises are initiated for the elbow in flexion, along with supination & pronation. Passive extension of the elbow is allowed but NOT active extension due to the triceps. Note: It is not necessary to exercise with the humerus adducted to the body since this is a semi-constrained prosthesis.
- A sling is worn between exercise sessions during the day. An elbow extension splint is fabricated to wear at night.

### 2 Weeks Post-op:

- Within 48 hours following suture removal scar massage with lotion may be initiated. Scar remodeling techniques may be added such as 50/50, Otoform K, & Elastomer.
- Swelling control is continued but may be reduced to a 4" elastic stockinette, if the swelling has begun to subside. Otherwise, continue with the light compressive dressing for 1 or 2 additional weeks.
- Neuromuscular Electrical Stimulation (NMES) may be initiated to facilitate active flexion of the elbow by stimulating the biceps.
- Hand strengthening may be initiated with a hand exerciser or putty.

### 6 Weeks Post-op:

- The sling & elbow extension splints may be discontinued.
- AROM exercises for elbow extension are initiated 6-8 times a day for 10 mins sessions.
- Dynamic elbow flexion may be added if the patient is not restoring a functional degree of flexion.
- Strengthening may be added for the wrist, forearm & elbow. Patients returning to work with job tasks that demand heavy resistance to the arm should be considered for an industrial rehabilitation program. The purpose would be to build upper body strength & determine any physical limitations in their jobs.

### Results:

The average elbow ROM motion actively is approximately 50 to 70 degrees of extension & 130 degree flexion; forearm supination and pronation average 70 degrees.