

POST-OPERATIVE PHYSIOTHERAPY GUIDELINES

Elbow Replacement

Coonrad-Morrey prosthesis; a linked 'sloppy hinge'

Contraindications

Avoid active triceps contraction for 6 weeks

Avoid valgus (and varus) stress on the prostheses (e.g. Abduction with external rotation)

Day 1

(In sling normally, occasionally a back slab arrangement to try and maintain maximal extension)

Check Ulnar nerve sensation and motor (FCU, FDP to little and ring fingers, interossei)

Hand exercises; including thumb movements

Wrist exercises; flex/ext

Shoulder; especially into elevation (plane of scapula), extension. Gentle rotation with arm against body (with care not to stress the elbow)

Gentle neck side flexion (Neural mobilisation)

Elbow; Pro/supination

Active assisted elbow flex

PASSIVE (or eccentric Biceps) extension (NO active contraction)

Day 2 to discharge

Cont. with exercises above, & start gentle hand behind back before discharge.

Check able to manage sling. Liaise with OT ++ regarding functional tasks.

Educate re no active Triceps contraction for 6 weeks

Discuss with DR's.

Routine OP physiotherapy **only** if stiff or range grossly changed with surgery.

Review in Outpatient clinic at 4 weeks

Guidelines to returning to activities

Start gentle activities not involving Triceps work as able within 6 weeks.

Off driving 6–8 weeks

Off work 6–8 weeks if light work

Off work 3–6 months for overhead activities

Will not be able to return to jobs involving lifting/manual work.

General points of rehabilitation

Work towards functional goals. Usually RA disease and other joints affected++

Pain relief is the main indication for surgery & is normally successful

Flexion, pro and supination ranges may improve. Extension often does not.

Sensory disturbances in the ulnar nerve can be common, but are usually temporary and ease with time.

Often range will stabilise within 3 months and not change after this.

Patients must **not** be encouraged to load the prosthesis.