



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

OLECRANON OPEN REDUCTION INTERNAL FIXATION (ORIF)

PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Chief, Division of Sports Medicine & Shoulder/Elbow Surgery

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
317-944-9400

www.bryansaltzmanmd.com

Patient Name: _____ **Date of Surgery:** _____

<p><u>Procedure:</u> Right / Left Elbow Olecranon ORIF</p>

___ **Evaluate and Treat**

___ **Provide patient with home program**

Frequency: _____ x/week x _____ weeks

___ **Phase I (0-6 wks):** *Period of protection: splint/brace should be worn at all times during this phase (except for hygiene and PT). No active elbow extension. Therapists may slowly advance*



elbow flexion (and corresponding brace setting) within a tension-free zone. D/C brace after 6 weeks.

Weeks 0-1: No formal PT. Splint without motion.

- Splint/brace used to immobilize elbow at 90 degrees.
- Home exercises only (gentle wrist and shoulder ROM).

Weeks 1-6: Begin formal PT. Brace with careful progressive motion.

- Brace locked at 90 deg outside of PT and rehab efforts. As below, will be unlocked to allow ROM 30 degrees to full flexion, with extension setting reduced slowly (ie. roughly 10 degrees per week) to match whatever passive, tension-free extension is achieved during therapy sessions (see below). Brace should be worn at all times locked at 90 deg (except for hygiene or PT).
- ROM: Flexion: active and gentle passive elbow flexion to ___ degrees, advancing as tolerated to a ***tension-free endpoint***. Therapists may slowly increase the flexion block setting on the brace to match the tension-free flexion achieved during therapy sessions (ie. if elbow can be passively flexed to 70 degrees without tension, brace may be reset to 70 degree flexion block after that therapy session). Extension: ***passive-only*** extension to tolerance (**NO active extension**). Passive forearm supination/pronation. Continue shoulder/wrist ROM.
 - Goal: full elbow extension, tension-free flexion to 120 degrees, and full forearm supination/pronation by 6 weeks.
- Strengthening: Cuff/periscapular/forearm isometrics in brace, within above motion limits.

Phase II (6-12 wks): *Motion is more aggressively advanced. Still no resisted elbow extension or lifting with the operative arm.*

- Discontinue brace.
- ROM: Advance active and passive elbow flexion to full (if not already achieved). Gentle passive stretching at end-ranges as tolerated. Begin gentle active elbow extension (gravity only). Continue forearm supination/pronation, shoulder and wrist ROM. Goal: full, tension-free elbow and forearm motion by 9 weeks.
- Strengthening:
 - ***Avoid resisted elbow extension until 3 months post-op.***
 - Progress cuff/periscapular and forearm isometrics → bands. Only do 3x/week to avoid cuff tendonitis.
 - Modalities as per PT discretion



Phase III (3-6 months): *Begin resisted elbow extension and progress to sport/occupation-specific rehab.*

- ROM: Unrestricted active and passive stretching at end ranges as tolerated.
- Strengthening/Activities:
 - Continue bands, progressing to light weights (1-5 lbs), 3x/wk.
 - Begin gentle resisted elbow extension and transition to closed chain upper extremity/forearm strengthening within pain-free limits.
 - Progress to sport-specific/job-specific exercises at 4.5 months.
 - Depending on job requirements, may resume lifting once full-strength achieved and healing adequate (usually by 6 months).

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient ___ would ___ would not benefit from social services.

Date: _____

Bryan M. Saltzman, MD