

Elbow OCD Fixation/Autograft/Allograft Rehabilitation Protocol

General notes:

"As tolerated" should be understood to include with safety for the surgery; pain, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level and ice.

Ice should be applied to the elbow for 15-20 minutes following each exercise, therapy, or training session.

Return to sport is based on provider team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.

Post-Operative Phase I: (Day 1- Week 6)

Brace:

- As needed to restrict motion,
- Utilize sling for comfort-take arm out of sling and gently straighten elbow at least 3x/day (unless braces or immobilized)

ROM:

- Progress to full and painless

Therapeutic Exercises:

- Finger, hand and wrist motion encouraged
- Initiate isometrics
- Core Strengthening initiated as tolerated
- Periscapular and shoulder strengthening
- All therapeutic exercises should be completed in a non-weight bearing manner

Manual:

- Joint mobilizations to increase pain free ROM
- Scar Massage

Proprioception

- Non-weight bearing rhythmic stabilization drills

Cardio

- Stationary bike and elliptical may be initiated as tolerated

Modalities

- Cryotherapy
- Electrical stimulation

Progression to Phase II:

- No pain
- No swelling
- Full ROM

Post-Operative Phase II: (Weeks 6 to 8):

Brace: none

ROM: Full and painless

Therapeutic Exercises:

- UBE
- Core strengthening
- Periscapular and shoulder strengthening
- Isotonic elbow, forearm and wrist strengthening
- All therapeutic exercises should be completed in a non-weight bearing manner for arthroscopic drilling

Proprioception: non-weight bearing rhythmic stabilization drills

Cardio: stationary bike and elliptical

Modalities:

- Cryotherapy
- Electrical stimulation as needed

Progression to Phase III:

- Involved shoulder and elbow strength 80% of non-involved side
- Satisfactory proprioception

Post-Operative Phase III: (weeks 8 to 12)

Brace: none

ROM: full and painless

Therapeutic Exercises:

- UBE
- Core strengthening

- Periscapular and shoulder strengthening
- Isotonic, elbow, forearm and wrist strengthening
- Initiate weight bearing exercises and plyometrics week 8 for arthroscopic drilling

Proprioception: Rhythmic stabilization drills

Cardio: stationary bike and elliptical

Modalities:

- Cryotherapy
- Electrical stimulation as needed

Progression to Phase IV:

- Involved shoulder and elbow strength to 80% of non-involved side
- Satisfactory proprioception
- No pain with weight bearing through involved extremity

Post-op Phase IV: (Week 12 on)

Brace:

- none

ROM:

- Full and painless

Therapeutic Exercises:

- UBE
- Core strengthening
- Periscapular and shoulder strengthening
- Isotonic elbow, forearm and wrist strengthening
- Weight bearing
- Initiate plyometric exercises
- Initiate return to throwing program

Proprioception

- Rhythmic stabilization drills

Cardio

- Stationary bike and elliptical

Modalities

- Cryotherapy
- Electrical stimulation

Progression to Phase V:

- Successful completion of interval throwing program

Return to Sport

Follow up testing determined by your healthcare team:

Overhead Athletes

ROM: shoulder and elbow

Strength:

- Manual muscle testing shoulder and elbow
- Isokinetic testing shoulder and elbow
- Grip strength

Proprioception

- shoulder

Functional tests

- specific to throwing
- upper extremity weight bearing athletes

Upper Extremity Weight Bearing Athletes

ROM: Elbow

Strength:

- Manual muscle testing
- Isokinetic testing
- Grip strength

Proprioception

Functional Tests

- Specific to weight bearing