



Acute, uncomplicated repair with advanced recovery protocol

Immobilization/Range of Motion

- Simple sling, elbow immobilization at 90° for 10-14 days with forearm in neutral (Unless otherwise indicated by surgeon)
- Weeks 2-3:
 - Passive ROM for elbow flexion and supination (with elbow at 90°)
 - Assisted ROM for elbow extension and pronation (with elbow at 90°)
 - Shoulder ROM as needed based on evaluation, avoiding excessive extension.
- Weeks 3-4:
 - Initiate active-assisted ROM elbow flexion
 - Continue assisted extension and progress to passive extension ROM
 - Week 4: May begin combined/composite motions (i.e. extension with pronation).
- If at 8 weeks post-op the patient has significant ROM deficits therapist may consider more aggressive management, after consultation with referring surgeon, to regain ROM.

Strengthening Program

- Week 1: Sub-maximal pain free isometrics for triceps and shoulder musculature. Week 2 Sub-maximal pain free biceps isometrics with forearm in neutral.
- Week 3-4: Single plane active ROM elbow flexion, extension, supination, and pronation.
- Week 8: Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation. Progress shoulder strengthening program
- Weeks 12-14: May initiate light upper extremity weight training.
 - Non-athletes initiate endurance program that simulates desired work activities/requirements.
- Weeks 16-20: Return to unrestricted activity/sports activities.