

# University of Washington Shoulder and Elbow Service

## General Rehabilitation Guidelines

Please note that these are general guidelines and the specifics of the management of a particular patient must be determined by the surgeon responsible.

**After Total Elbow Arthroplasty - 719.52 (stiff elbow),  
715.90 (degenerative arthritis), 714.0 (Rheumatoid arthritis)**

### Interventions:

For total elbow arthroplasty, the interventions are aimed at the goals of improving general level of comfort as well as improving comfort while performing ADLs. It is not expected nor recommended to ever perform heavy activities.

#### **in hospital:**

Encourage active finger, hand, and wrist range of motion beginning post-op day 0.

Instruct in, and begin, active or self-assisted shoulder elevation post-op day 0-1.

If incision cleared by surgeon, instruct in, and begin, self-assisted and active elbow flexion and extension, and pronation and supination on post-op day 2,.

Graph progress on wall charts.

Give information about incision care.

Give information about limitations of use – early and later.

Provide with written copy of home exercises to be done 5 times/day.

#### **after discharge:**

At 6 weeks, assist with advancing lightweight biceps strengthening, if needed.

At 12 weeks, assist with advancing lightweight triceps strengthening, if needed.

### Therapy goals (before discharge from hospital):

initiation of using arm for functional activities such as eating and combing hair

independence in home exercise program

understanding of precautions, particularly wound care and condition of triceps attachment

Return to clinic to see surgeon at 2, 6, and 12 weeks post op.

Precautions/restrictions:

no lifting of anything heavier than a forkful of food, hairbrush, etc. for 6 weeks  
avoid sideways forces on the elbow joint, especially for the first 6 weeks  
no resisted elbow flexion or extension for 6 weeks  
no pushing or pulling for 12 weeks (and only lightweight after that)  
**long term:** no heavy lifting, no forceful, jerking movements (starting outboard motor); no repetitive impact loading (such as chopping wood)

If any, usual visits to therapist occur at 2 weeks to monitor motion, give feedback to patient regarding progress, and any techniques needed to assist with exercises, at 6 weeks to again monitor motion and instruct in new exercises (as above), and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals, and review continued (long term) precautions,

Total number of physical therapy visits post-op: 2-6

Duration: 6-16 weeks