Total Elbow Replacement Physical Therapy PT Protocol

Name__________________________________________________ Date__________________

Diagnosis  s/p RIGHT/LEFT Elbow Replacement

Date of Surgery______________________________

Frequency: _____ times/week  Duration: ______ Weeks

_____ Week 1:
Begin AROM exercises for the elbow and forearm with elbow close to the body to avoid excessive stretch of the reconstructed elbow collateral ligaments six times a day

_____ Weeks 2-5:
PROM exercises may be initiated to the elbow
FES may be utilized to stimulate biceps and/or triceps

_____ Weeks 6-7:
ROM exercises may now be performed with the elbow away from the body

_____ Week 8:
Initiate gradual, gentle strengthening exercises for the hand and forearm as tolerated
May begin light resistance to elbow

Comments:

_____Functional Capacity Evaluation _____Work Hardening/Work Conditioning _____ Teach HEP

Modalities
_____Electric Stimulation _____Ultrasound _____ Iontophoresis _____Phonophoresis
_____TENS _____ Heat before _____ Ice after _____ Trigger points massage _____ Therapist’s discretion

Signature__________________________________________ Date__________________