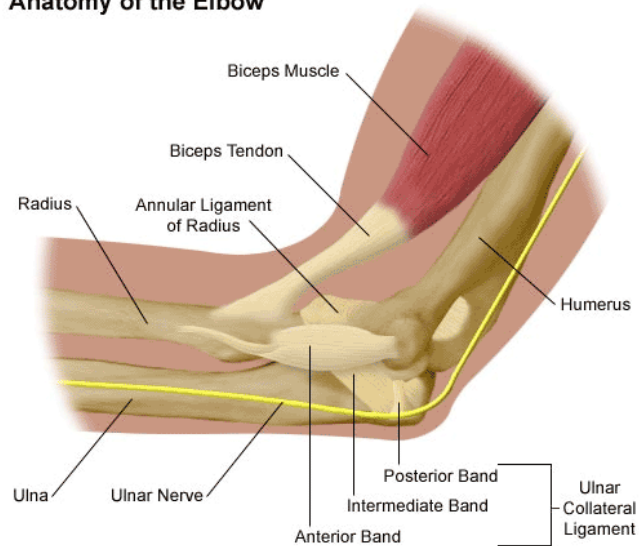


Anatomy of the Elbow



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Protocol for Elbow Capsular Release

- PT/OT to start POD#1
- Patient's ROM at the completion of this surgery was **0° - 120°**
- Goal of PT/OT is to attempt to maintain this ROM
- Starting POD#1 please removal splint and dressing completely.
Can do PT/OT without dressing in place, or with gauze over the incision and simple ace wrap covering.

- Begin PT with some edema control and wrist and hand active ROM
- Then progress to aggressive passive ROM working on terminal extension and terminal flexion. Will most likely be painful for the patient but they will have pain meds to take prior to therapy and ROM needs to be aggressive.
- For these patient really need to work hard on terminal flexion and extension
- ROM can be manually with therapist ranging or can use a CPM machine if available to assist with ROM
- Should use and instruct patient on static progressive splinting as well at therapy sessions
- At the completion of PT/OT use ice to help with the swelling
- Patient is to work daily with PT/OT for the first 10 days post op until follow up with M.D. and on weekend if possible.
- Patient is to work once a day with therapist and then is to work on ROM exercises stretching with active assist and work on static progressive splinting focusing on terminal flexion and extension at home as well each day for as much time as possible. Should sleep with splint locked in maximum extension at night.
- PT/OT will be adjusted as needed at first post op visit
- Email at dcuff001@hotmail.com or page me any questions