

# Total Elbow Arthroplasty Protocol

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## Phase I (Post-op Weeks 0–2) Protection and Early Motion Phase

- Posterior splint or bulky dressing for comfort as directed
- Begin early elbow range of motion as tolerated to prevent stiffness
- Elbow flexion and extension performed in a controlled, pain-free range
- Forearm pronation and supination as tolerated with elbow flexed
- No lifting, pushing, pulling, or weight bearing through the operative arm
- Wrist, hand, and shoulder range of motion encouraged
- Edema control, elevation, and pain management emphasized
- Strict lifelong lifting restrictions reviewed with patient

## Phase II (Weeks 2–6) Progressive Motion Phase

- Discontinue splint; use sling for comfort only if needed
- Progress elbow flexion and extension toward functional range
- Progress forearm rotation as tolerated
- Light functional use of the hand for activities of daily living only
- No lifting until week 4 and then, no greater than 1–2 pounds
- Avoid pushing up from a chair or using arm for transfers
- Scar management and soft tissue mobilization as indicated

## Phase III (Weeks 6–12) Functional Recovery Phase

- Progress to full, pain-free elbow range of motion as tolerated
- Initiate gentle strengthening of wrist and hand musculature
- Begin light elbow flexion and extension strengthening with minimal resistance
- Continue to avoid axial loading and repetitive pushing
- Emphasize joint protection strategies

## Phase IV (Months 3–6) Advanced Functional Phase

- Advance functional use of the arm for light household activities
- Progress endurance and neuromuscular control
- Continue gentle strengthening within permanent lifting limits
- Educate on long-term activity modification and implant protection



### Phase V (Months 6+) Long-Term Maintenance Phase

- Maintain elbow range of motion and light strengthening program
- Permanent lifting restriction typically  $\leq 5\text{--}10$  pounds
- Avoid impact loading, heavy labor, and contact sports indefinitely
- Return to activities of daily living within lifelong precautions

#### **\*\*Special Considerations:\*\***

- This protocol applies to total elbow arthroplasty performed for fracture, arthritis, or nonunion.
- Lifelong lifting restrictions are critical to prevent implant loosening or failure.
- Patients treated for fracture may require slower progression based on soft tissue healing.

**\*\*Progression Criteria:\*\*** Advancement is criteria-based and dependent on pain control, restoration of motion, implant stability, functional tolerance, and patient compliance with lifelong restrictions.