

Radial Head Arthroplasty Protocol

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

- Posterior splint or hinged elbow brace for comfort as directed
- Begin early elbow range of motion within a protected arc to prevent stiffness
- Elbow flexion and extension as tolerated unless otherwise directed
- Forearm pronation and supination performed with elbow flexed at 90 degrees as tolerated
- No lifting, pushing, or weight bearing through the operative arm
- Wrist, hand, and shoulder range of motion encouraged
- Edema control, elevation, and pain management emphasized

Phase II (Weeks 2–6) Progressive Motion Phase

- Discontinue splint; transition to hinged elbow brace if needed
- Progress elbow flexion and extension toward full range
- Progress forearm pronation and supination as tolerated
- Begin light functional use of the arm for activities of daily living
- No lifting greater than 1–2 pounds
- Scar management and soft tissue mobilization as indicated

Phase III (Weeks 6–10) Early Strengthening Phase

- Progress to full, pain-free elbow and forearm range of motion
- Initiate light strengthening of elbow flexors and extensors
- Begin forearm pronator and supinator strengthening
- Grip and wrist strengthening exercises
- Avoid impact loading or axial weight bearing

Phase IV (Weeks 10–16) Advanced Strengthening and Functional Training

- Progress strengthening and endurance of elbow and forearm musculature
- Advance closed-chain and functional upper-extremity strengthening
- Introduce work- or sport-specific training
- Gradually increase lifting and loading as tolerated

Phase V (Weeks 16+) Return to Activity

- Return to unrestricted activities as tolerated once cleared by physician
- Gradual return to heavy labor and recreational sports
- Progression based on pain-free motion, strength symmetry, stability, and functional confidence



****Special Considerations:****

- This protocol applies to radial head replacement for fracture or instability.
- Associated ligament repairs (LUCL/MCL) or coronoid fractures may require modified motion restrictions.
- Avoid valgus stress and axial loading early in rehabilitation.

****Progression Criteria:**** Advancement is criteria-based and dependent on pain control, restoration of motion, joint stability, strength, and patient compliance.