<table>
<thead>
<tr>
<th>Sling</th>
<th>Things that can be done from day 1</th>
<th>What are the Restrictions?</th>
<th>When can strengthening commence?</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a POP back slab at 90° for 2 weeks</td>
<td>Scapula setting/posture exercises. Hand, finger and wrist exercises Ensure effective pain relief is taken</td>
<td>Avoid eccentric loading until 8-12 weeks post weeks op. Avoid pronation until week 4 No Thera band during rehabilitation</td>
<td>This is generally at 8-12 weeks. Seek advice from referring surgeon</td>
</tr>
</tbody>
</table>

**Patient Education and Advice**

At 2 weeks post op patients will be seen for a wound check and to be placed in a hinged brace which will allow full flexion but will limit the last 60° of extension and will be worn for a further four weeks.

**Early Phase 0-4 weeks**

**Goals of Rehabilitation**

- Protect the repair and optimise tissue healing
- Reduce pain and swelling which may be a cause of muscle inhibition
- Gain and maintain the safe zone of range of movement (ROM)

**Exercises**

- Maintain hand wrist and available elbow range of movement
- Reinforce postural correction
- Ensure full range of shoulder movement is maintained
- Scapula mobilisation exercises e.g. shoulder shrugs, scapula rejections and protractions
- Closed and open kinetic chain exercises can be incorporated
- Encourage use of the hand for light activities such as writing, feeding.
- Passive range of flexion and extension exercising out of the brace from 2 weeks in forearm neutral position

**Guidance for exercise progression**

- Good pain control

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**NOTE:** Research demonstrates that patients who engage their hand on the side of the operated elbow during the immobilisation phase of rehabilitation generally have better outcomes in relation to pain and function due to maintaining some cortical representation.
Middle Stage 4-8 weeks

The brace will be adjusted at 4 weeks to +30° extension.

Wean from brace at 6 weeks

Goals of Rehabilitation

- Protect the repair
- Effective pain management as increased pain may cause muscle inhibition
- Optimise the kinetic chain and use functional exercises
- Achieve full passive range of movement and then progress to full active range of movement

Exercises

- Progress to full passive range of flexion, extension, pronation and supination from 4 weeks respecting pain
- Aim for full passive range of movements by 6 weeks respecting pain
- Progress to active movements at 6 weeks
- Incorporate proprioception exercises
- Consider functional exercises within the limit of pain
- Use free movement to tolerance; adopting the overhead position for rehabilitation

NOTE: The elbow is a very proprioceptive vacant joint and therefore overhead positional rehabilitation using visual feedback can be very useful as well as using a tubigrip to aid with tactile feedback and improve proprioception.

Late Stage 8-12 weeks+

Goals of Rehabilitation

- Achieve full range of active movement
- Strengthen the biceps and triceps
- Promote good proprioception

Exercises

- May begin combined/composite motions (i.e. extension with pronation).
- Proprioception exercises
- Consider functional exercises
- Progressive resisted exercise program is initiated for elbow flexion, extension, supination, and pronation.