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Shoulder and Elbow Surgery

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PT Protocol - Non-Operative Management of First-Time Elbow Dislocation

Precautions

1. Avoid any activity that places varus stress on the elbow for the first 8 weeks. This includes reaching the arm out to the side, lifting with the shoulder abducted, or combining abduction with external rotation.
2. Elbow motion should initially be performed while lying on the back, with the shoulder positioned between 60–90 degrees of forward flexion. Keep the arm in line with the body and avoid moving the shoulder out to the side.

Weeks 0–2

- The elbow is immobilized in a posterior splint to allow for initial healing.

Weeks 2–6

- Transition to a hinged elbow brace. The brace is set to limit motion: from 60 degrees with free flexion for the first 4 weeks, then adjusted to 30 degrees with free flexion from weeks 4–8. The brace can be gradually discontinued after week 8.
- Begin therapist-guided active-assisted elbow flexion and extension in supine position. Avoid the 0–30 degree range during the first 6 weeks.
- Limit forearm supination to 20 degrees or less for the first 6 weeks.
- Continue with active wrist and hand motion to maintain mobility.

Phase II: Active Motion (Weeks 6–12)

- Gradually discontinue use of the brace after 8 weeks.
- Progress to active range of motion for the elbow, wrist, and forearm.
- Begin gentle isometric strengthening of the elbow, wrist, and forearm muscles around week 10.
- Introduce end-range stretching exercises starting at week 10.

Phase III: Strengthening Phase (3 months and beyond)

- Resume shoulder abduction and incorporate shoulder strengthening activities.
- Advance elbow and forearm strengthening exercises with progressive resistance.

Modalities

- Heat and Ice, Ultrasound, Iontophoresis, Phonophoresis, Therapists' discretion, TENS, Trigger point massage

Evaluation and others

- Teach home exercise program



Learn More About Your Condition:

Visit Dr. Myerson's website to learn more about your condition:
www.lucasmyersonmd.com

