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PT Protocol - Open Elbow Contracture Release

Principles:

• Restoring and maintaining range of motion (ROM) is the primary goal early in recovery.

• If motion is lagging, strengthening should be delayed until ROM improves.

• For patients with an anteriorly transposed ulnar nerve, avoid the last 30° of extension during the first 4 weeks.

Phase I: Weeks 0–6 (Therapy begins day of surgery)

This is the most critical stage following contracture release. Early and consistent motion work is key to preventing stiffness.

Goal: Maintain at least 90% of the range achieved intraoperatively.

Precautions

• Strengthening exercises are avoided during this phase.

• No use of Upper Body Ergometer, Body Blade, or resistance bands.

Plan

• Pain management with ice, heat, modalities, and anti-inflammatory medication.

• Maintain motion using active, active-assisted, and passive exercises:

- Flexion, extension, supination, pronation.

- No restrictions on range of motion unless otherwise indicated.

- Focused stretching to improve extension (straightening) and flexion (bending).

- Static splinting may be used if motion does not progress adequately.

• Incorporate soft tissue mobilization.

• Daily home exercise program.

Phase II: Weeks 6 and beyond

• Continue the stretching and motion exercises from Phase I.

• Begin progressive elbow strengthening once functional motion is established.

Modalities

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

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