

**Hendricks Regional Health**  
Sports Medicine  
Dr. Badman

**Total Elbow Replacement**  
Updated 3/06

From Discharge through post – op week 2

Precautions

- Maximum lifting is 1# for 6 weeks
- Long-term 10# max lift performed one time, 5# max lift repeated
- No overhead reaching for 3 months
- No resisted elbow extension for 3 months
- No use of involved UE to assist in sit-stand for 3 months
- Patient is allowed and encouraged to use the involved upper extremity for ADL's beginning the day after surgery (within the precautions).

Treatment

- Patient to begin gentle AROM and (self) AAROM of the elbow and forearm 24 hours after surgery in the pain-free ROM. Elbow flex and extension, forearm supination and pronation should be performed 3 times per day, 15 reps each set.
- The patient may begin AROM of the shoulder and hand on the involved side as well as well body exercises.

Plan of Care

- Functional activities and ADL's: dressing, bathing, driving, kitchen ADL's
- Instruction to patient/caregiver in home exercise program
- Gait training on level and un-level surfaces and stairs
- Transfer training: sit-stand, bed, shower, car
- Balance and proprioceptive activities
- Instruction s regarding precautions for this diagnosis

Goals

1. Independent HEP
2. Independent bed, chair, and shower transfers
3. Independent emergency evacuation (enter and exit residence)
4. Independent bathing
5. Independent sit-stand
6. Independent car transfers
7. Demonstrate knowledge of precautions
8. Elbow AROM 30° - 130° at 9 weeks post-op