

**STANDARD PROCEDURES
TOTAL ELBOW REPLACEMENT**

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**3663 Ridge Mill Drive
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TOTAL ELBOW REPLACEMENT

As part of an intensive home care Physical Therapy program, clients with a successful surgical course will be discharged to home, day 2-3 postoperatively.

POSTOPERATIVE NURSING CARE: Nurse to admit patient within 24 hours of discharge.

Splint:	An anterior splint will be applied immediately after surgery and will be removed the following morning. The splint will be worn at night and removed during the day after hospital discharge for 3 weeks.
Wound care :	The patient/caregiver will be instructed in performing a dry sterile dressing. Change daily for 4-7 days. If drainage persists through post-op day 7 notify the Ortho Rehab Team and the nurse will visit home to assess.
Sutures:	Removed at Dr.Kovack's office at 7-10 days post-op unless otherwise instructed by the physician.
Medications:	Pain medication as ordered by physician. Patient to check with physician prior to resuming any medications regime from prior to surgery. Patient may use laxative of choice. Patient may use Tylenol 650 mg every 4 hours for temperature of 101 degrees or higher. IV antibiotics per prescription (if ordered)
Post-Op Findings:	Swelling, erythema, or ecchymosis is normal and it may be warm to the touch.
Physician Communication:	<ol style="list-style-type: none"> 1. The physician will see the patient in his office 7-10 days after surgery, then at 6 weeks, 3 months, then as physician requests. 2. Ohiohealth Rehab program nurses should only contact the physicians for any abnormal observations or for emergencies. Notify the Ortho Rehab Team if this is necessary. 3. General medical problems should be reported to the primary physician, <u>not</u> the orthopaedic specialist. Notify the Ohiohealth Rehab Team if this is necessary. 4. The Ohiohealth Rehab Team Physical Therapist will send a written note to the physician to be faxed, or brought in with patient at their first post-op visit. This progress summary will include concise overview including ROM, functional abilities, limitations, and goals. Compliance and motivation may also be addressed.

TOTAL ELBOW REPLACEMENT

PHYSICAL THERAPY: To evaluate/admit patient within 24 hours of discharge.

Frequency and duration	3 times per week from discharge through week 2 post-op.
Treatment	The patient will begin gentle AROM and (self) AAROM of the elbow and forearm 24 hours after surgery in the pain free ROM. Elbow flexion and extension, forearm supination and pronation should be performed 3 times per day, 15 reps each set.
Plan of Care	Functional activities and ADL's: Dressing, bathing, driving, kitchen ADL Instruction to patient/caregiver in home exercise program. Gait training on level and un-level surfaces and stairs Transfer training: sit to stand, bed, shower, car Balance and proprioceptive activities Instruction in precautions regarding this diagnosis
ADL's	Patient is allowed and encouraged to use the involved UE for ADL's beginning the day after surgery (see precautions)
Precautions	Maximum lifting- 1 lb for 6 weeks Long term- 10 lbs maximum lift performed one time, 5 lb maximum lift repeated No overhead reaching for 3 months No use of involved UE to assist in sit to stand for 3 months
Findings to report to Physical Therapy	Including but not limited to: <ol style="list-style-type: none"> 1. Change in neurovascular status 2. Temperature over 101.5 degrees longer than 4 hours 3. Drainage after post-op day 5 4. Foul smelling, purulent drainage 5. Dehiscence of wound

GOALS:

1. Independent home exercise program
 2. Independent bed, chair, and shower transfer
 3. Independent emergency evacuation (enter and exit residence)
 4. Independent bathing
 5. Independent sit to stand
 6. Independent car transfer
 7. Demonstrate knowledge of precautions
 8. Elbow AROM 30- 130 degrees at 9 weeks post-op
- *PT- Please send/fax a progress summary for every visit with Dr. Kovack

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**TOTAL ELBOW REPLACEMENT
PATIENT GUIDELINES**

Physical therapy: Physical therapy may be provided in your home to instruct you in exercises and precautions following total elbow replacement.

Exercises and range of motion: You will begin gentle active range of motion of the elbow and forearm 24 hours after surgery. Elbow flexion and extension, forearm supination and pronation should be performed 2-3 times per day, 15 reps each time. You may perform all motions that do not increase your pain. Your motion will gradually increase. **Do not perform triceps exercises for 3 months. Exercises should be performed to enhance function, not progressive resistance weight lifting.**

Range of motion

Goals: It is unlikely that you will be able to completely straighten your elbow following your replacement surgery. An appropriate range of motion goal is 30-130 degrees.

Functional Activities:

You are permitted to use your operated arm to assist in your daily functional light duties. This includes bathing, dressing, eating and grooming. **Do NOT use your operated arm to push up from sitting for 3 months. Do NOT reach overhead for 3 months.**

Lifting:

5 lbs maximum lifting for repetitive events
10 lbs maximum for single events
NO lifting overhead for 3 months

General information

Doctor visits: 7-10 days, 6 weeks, and 3 months, then as physician request

Driving: Initiated at approximately 2-3 weeks

Hospital stay: 2-3 days

Home preparation: Pick up loose rugs. Make sure you have a non-slip bathmat as well as a shower mat.

Medication: Per physician's orders given at hospital discharge

Nursing: 1-2 visits to admit patient and instruct wound care, signs and symptoms of infection and assess medications.

Shower: After staple/suture removal (7-10 days post-op)

