

ELBOW ARTHROLYSIS

This procedure is used for patients with contracture or post-traumatic stiffness of the elbow. It involves open and 'aggressive' surgery resulting in one or two scars. The aim is to improve mobility, but full range of movement in the elbow is seldom achieved.

Post operatively

- The patient is kept on the ward for 3 days to mobilise the elbow with the use of a CPM.
- An elbow extension splint fitted which the patient must use at night for 6 weeks postoperatively
- They are discharged to physiotherapy from the ward.

8 weeks post surgery

- Patient attends for review at Consultant's outpatient clinic
- If doing well, the patient will be discharged from clinic to their GP

Aims of Physiotherapy

- To regain maximum ROM in the upper limb, especially at the elbow and forearm
- To improve strength in the upper limb, especially around the elbow, wrist and fingers.
- Scar management if necessary

Return to functional activities

- *Driving* after 2 weeks or when safe
- *Lifting* as able.
- *Swimming* breast stroke at 2 - 3 weeks, freestyle when able.
- *Return to work* light work (no lifting) – as able
heavy work from 2 months
- *Golf* 2 weeks (but not driving range).
- *Racquet sports* sport specific training when comfortable
competitive play when able.