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Arthroscopic and Shoulder Surgery
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Olecranon ORIF Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery/Injury: _____ Next Physician Appointment: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

_____ Weeks 0-2:

- Goals
 - Allow soft tissue healing
 - Decrease pain and inflammation
 - Retard muscular atrophy
- Posterior splint at 90° elbow flexion with wrist free for motion
 - Splint worn at all times except during physical therapy
 - Sling may be used for comfort
 - Discontinue splint at 2 weeks post-op
- Elbow compression dressing
- Exercises
 - Gripping
 - Wrist ROM (passive only)
 - Shoulder isometrics (no shoulder ER)

_____ Weeks 2-6:

- Goals
 - Restore full pain free range of motion
 - Improve strength, power, endurance of upper extremity musculature
 - Gradually increase functional demands
- Discontinue splint, continue use of sling as needed for comfort until week 4
- Progressive ROM out of splint
 - Week 3: PROM 15-105 degrees (progress extension as tolerated)
 - Week 4: 0-125 degrees
 - Week 5: ROM as tolerated out of splint
- Exercises
 - Progress elbow ROM, emphasize full extension
 - Initiate flexibility exercises for:
 - Wrist extension/flexion
 - Forearm supination/pronation
 - Elbow extension/flexion
 - Initiate light strengthening exercises at week 4:
 - Wrist extension/flexion
 - Forearm supination/pronation
 - Elbow extension/flexors
 - Shoulder program (Thrower's Ten Shoulder Program)

_____ Weeks 6-12:

- Goals
 - Improve strength/power/endurance



South Hills Orthopaedic

SURGERY ASSOCIATES, P.C.

Olecranon ORIF

- Gradually initiate sporting activities
- Exercises
 - Continue shoulder and elbow strengthening and flexibility exercises
 - At 8 weeks:
 - Initiate eccentric exercise program
 - Initiate plyometric exercise drills
 - Initiate interval throwing program for throwing athletes
 - Isometrics cuff strengthening with arm at side beginning

_____ Months 3-12 (if needed):

- Continue shoulder and elbow strengthening and flexibility exercises
- Maintenance home flexibility and exercise program
- Sport or vocation specific rehabilitation

Comments:

_____ Teach Home Exercise Program

Modalities:

_____ Heat before _____ Ice after _____ Other _____ _____ Therapist's discretion

Signature: _____

