



Elbow Collateral Ligament Repair/Reconstruction, **Coranoid ORIF, Radial Head ORIF or Terrible Triad** **Fracture Dislocation**

Procedure Summary

The collateral ligament can either be repaired (acute rupture) or reconstructed with tissue from another anatomical site such as the hand (chronic rupture). Rehabilitation follows the 3 phases of ligament healing: inflammation, repair and remodelling. Any elbow surgery involving fixation of distal to the flexor crease will requires 6 weeks cover of p.o. indomethacin 75mg od to reduce the risk of heterotrophic ossification.

Sling/splint

- 6/52

Rehabilitation

1-2 weeks

- *Week 1:*

- Full active flexion ROM (unless special instruction written on operative note)
- No shoulder external rotation until week 6 as this may damage the repair/reconstruction.
- Isometric biceps exercises.

- *Week 2:*

- Initiate wrist and elbow isometrics.



3-6 weeks

- Exercises:
 - Continue wrist and elbow active ROM.
 - Progress shoulder isometrics to isotonic exercises.
 - Avoid using affected arm to lift the body off the chair

6-8 weeks

- Resume shoulder external rotation.

8-12 weeks: Advanced strengthening

- Eccentric elbow exercises.
- Continue shoulder and wrist exercises.
- *Week 12* – can commence light sporting activity such as swimming and golf.

12-24 weeks: Return to activities

- Continue to increase strength and power.
- Gradual return to sport.

6 months onwards

- Return to full sporting activities.

Driving

- Usually possible post op at 2/12+
- This is dependant on patient function and safety and any specific post op instructions.
- Patients should always check with the DVLA and insurance company.