



RADIAL HEAD FRACTURE (NON-OP) NON-OP PHYSICAL THERAPY PROTOCOL

Patient Name: _____ Date: _____

_____ Evaluate and Treat _____ Provide patient with home program

Frequency: _____ x/week x _____ weeks

Early Passive Motion: (2-7 days post fracture)

Goals:

- Control pain and edema Protect fracture site
- Minimize deconditioning
- Maintain range in joints around the effected region (shoulder, wrist, fingers)
- Prevent contractures

Intervention:

- Modalities, such as TENS and ice, for pain control
- Splint/Sling as direct by MD
- Monitor use and weight bearing instructions per MD
- Cardiovascular conditioning
- Gentle range of motion exercises of the shoulder, wrist, and fingers
- Passive flexion/extension of the elbow
- Passive pronation/supination of the elbow

Phase I - Maximum protection phase: (3-6 weeks post fracture)

Goals:

- Continue to control pain and edema as needed
- Minimize deconditioning
- Regain range of motion within pain limits
- Prevent muscle atrophy

Intervention:

- Active assistive flexion/extension of the elbow
- Active assistive pronation/supination of the elbow
- Isometrics: flexion, extension, and pronation, supination
- Active assistive hyper extension of elbow (at 6 weeks)
- Gripping exercises

Phase II - Moderate protection phase: (6-8 weeks post fracture)

Goals:

- Regain full range of motion
- Actively work within newly gained range of motion
- Increase strength

Intervention:

- Active flexion/extension of the elbow
- Active pronation/supination of the elbow
- Active flexion/extension in standing with wand
- Pulleys with eccentric control of the elbow with flexion/extension

Phase III - Minimum protection phase: (8 weeks post fracture)

Goals:

- Educate patient on proper joint protection and therapeutic exercises
- Gain adequate strength in the forearm flexors and extensors to increase stability at the elbow
- Strengthen the elbow flexors and extensors to gain full range of motion

Intervention:

- Resistive exercises: standing with weights, theraband resisted (flexion, extension, pronation, supination) exercises
- Self-stretching: flexion/extension, pronation/supination, shoulder flexion/extension, and wrist flexion/extension, ulnar deviation/ radial deviation
- Advance elbow extension with radial deviation and elbow flexion with ulnar deviation

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____