

## RADIAL HEAD OPEN REDUCTION INTERNAL FIXATION (ORIF) Physical Therapy Protocol

Patient Name:	Date of Surgery:
Procedure: Right / Left Radial Head ORIF	
Evaluate and Treat	
Provide patient with home exercise program	
Frequency:x/week xweeks	
Immobilization: (3-5 days post op).	
Goals:	
<ul> <li>Control pain and edema.</li> </ul>	
<ul> <li>Protect fracture site with posterior splint or comp</li> </ul>	ression bandage.
<ul> <li>Minimize cardiovascular deconditioning.</li> </ul>	
<ul> <li>Maintain range in joints around the effected region</li> </ul>	on (shoulder, wrist, and fingers) Prevent contractures.
<ul> <li>Patient can don/doff sling independently with elk</li> </ul>	oow at 90 degrees flexion with forearm in neutral.
Intervention:	
<ul> <li>Modalities, such as TENS and ice, for pain control.</li> </ul>	
<ul> <li>Splint/Sling as direct by MD.</li> </ul>	
<ul> <li>Monitor use and weight bearing instructions per</li> </ul>	MD.
<ul> <li>Cardiovascular conditioning.</li> </ul>	
<ul> <li>Gentle range of motion exercises of the shoulder,</li> </ul>	wrist, and fingers.
<ul> <li>Passive flexion/extension of the elbow.</li> </ul>	
<ul> <li>Passive propation/supination of the elbow.</li> </ul>	

## Phase I - Maximum protection phase: (7 days - 3 weeks post op).

## 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 with stick or pulleys.
- Active assistive pronation/supination with stick or pulleys.
- Cardiovascular conditioning.
- Increase mobility to tolerance, prevent stiffness.
- CPM.



Goals:
Regain full range of motion.
<ul> <li>Actively work within newly gained range of motion Increase strength.</li> </ul>
ntervention:
<ul> <li>Active flexion/extension of the elbow.</li> </ul>
<ul> <li>Active pronation/supination of the elbow.</li> </ul>
<ul> <li>Active: flexion, extension, pronation, supination with a wand or pulleys.</li> </ul>
<ul> <li>Pulleys with eccentric control during flexion/extension.</li> </ul>
<ul> <li>Isometrics: flexion, extension, pronation, supination.</li> </ul>
<ul> <li>Gentle stretching using inhibition/elongation techniques or joint mobilization</li> </ul>
to increase range of motion.
Phase III - Minimum protection phase: (12 weeks post op)
Goals:
<ul> <li>Increase strength (especially at end ranges).</li> </ul>
<ul> <li>Educate patient on proper joint protection and therapeutic exercises.</li> </ul>
• Gain adequate strength in the forearm flexors and extensors to increase stability at the elbow.
<ul> <li>Strengthen the elbow flexors and extensors to gain full range of motion.</li> </ul>
<ul> <li>Increase speed and control of limb movement.</li> </ul>
ntervention:
<ul> <li>Resistive exercises: standing with weights, theraband resisted (flexion, extension, pronation, supination) exercises.</li> </ul>
• 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.
<ul> <li>Higher speed and high intensity isotonic flexion/extension, pronation/supination while standing or performing ADLs.</li> </ul>
• Incorporate open and closed-chain exercises.



