
Elbow Exercises

The specific exercises listed below depend on which phase of the recovery process the patient is in. Your surgeon will inform you which exercises to start and when.

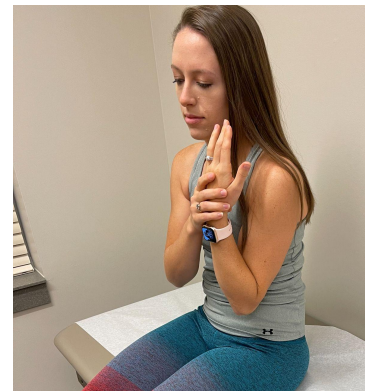
Take each stretch as far as you can take it and then stretch beyond this (by 1-2 centimeters). (It is like touching your toes before the big Track Meet.) If you only take it to the point of discomfort and immediately stop, the ligaments have a chance to shorten and tighten and you will not make progress. Hold each stretch for approximately 10 seconds. The stretches (PROM) should be performed at least 5 minutes 5X/day or 1 minute every hour while awake. The strengthening routine is usually performed 3-4 times per week. You should not do any damage to the repair by performing these exercises as instructed. If you develop significant unrelenting pain, then stop what you are doing and consult with the surgeon.

Phase I: Passive Range of Motion (PROM):

Elbow Flexion:

Maintain the Operative upper arm and elbow next to your side. Then use the Nonoperative hand to hold the Operative side at the wrist. Use the Nonoperative hand to passively Flex the Elbow with the goal of full flexion (the operative-side hand should be able to touch the operative-side shoulder).

Pictured Right



Elbow Extension:

Use the Nonoperative hand to hold the Operative side at the wrist. Use the Nonoperative hand to passively Extend the Elbow with the goal of full extension

Pictured Right



Supination:

Maintain the Operative upper arm and elbow next to your side. Then use the Nonoperative hand to hold the Operative side just above the wrist. Use Nonoperative hand to rotate the Operative forearm/wrist all the way Palm Up.

Pictured Right



Pronation:

Maintain the operative upper arm and elbow next to your side. Then use the Nonoperative hand to hold the Operative side just above the wrist. Use Nonoperative hand to rotate the Operative forearm/wrist all the way Palm DOWN.

Pictured Right



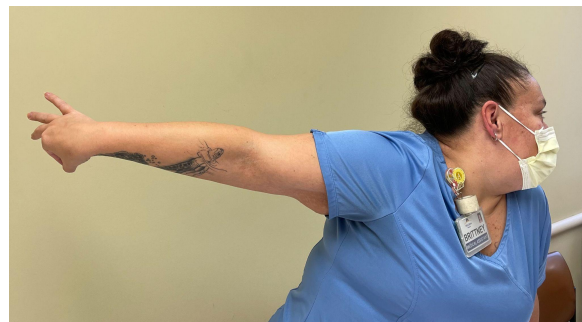
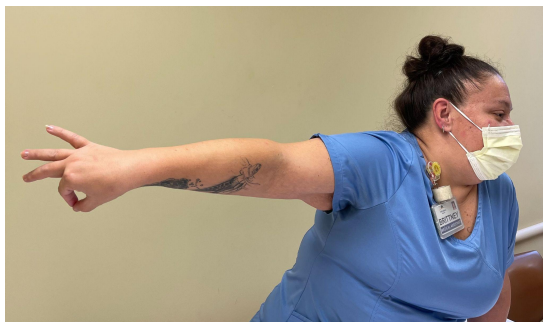
Tennis elbow type/Whole Upper arm stretch:

With your arm at shoulder level, reach behind, pinch index finger to thumb, flex wrist toward back wall and turn head to the opposite side. Then reverse out of this.

Pictured Below

Start

Finish

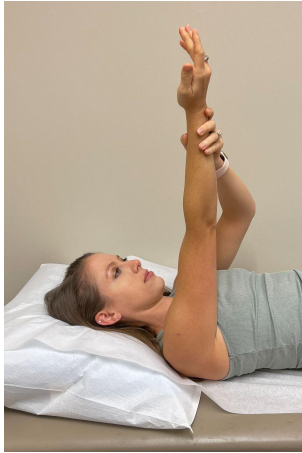


Gravity-assisted Elbow Range of Motion:

This is performed by lying on your back (supine) and forward elevating the shoulder 90 degrees (so that the upper arm is vertical and pointing toward the ceiling). Use the Nonoperative hand to hold the Operative forearm.

Pictured Below

Start



Finish



Assisted Flexion:

Using the Nonoperative hand, flex the Operative elbow towards your ear. The rotation of your forearm may be neutral (thumb points toward upper arm), pronated (palm facing the ceiling), or supinated (palm facing the floor) depending on which elbow ligaments may have been repaired or the nature of the injury.

Pictured Right



Assisted Extension:

Place the back aspect of upper elbow against the inside of the operative side thigh (just above the knee). Use the non-operative hand to hold the operative side at the wrist. Use the non-operative hand to passively extend the elbow with the goal of full extension.

Pictured Right



Phase II: Active Range of Motion (AROM):

AROM means using the Operative Elbow independently by its own power to Actively perform the below exercises. But still continue with the PROM stretching as well.

Elbow flexion:

Elbow extension:

Wrist/Forearm Pronation:

Wrist/Forearm Supination:

Phase III: Strengthening:

Elbow Flexion:

Start



Finish



Elbow Extension:

Start



Finish



Wrist Dorsi-flexion:

Start



Finish



Wrist Volar-flexion:

Start



Finish



Grip Strengthening: Use a stress ball or play-doh to squeeze.