

Radial Head Fracture ORIF or Arthroplasty Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

ORIF: ☐ Arthroplasty: ☐ LCL repaired / terrible triad: ☐	Other Precautions:
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Early active motion is the priority; the elbow stiffens quickly. Parameters above are patient-specific and supersede the general timeframes below; loading advances with radiographic healing and surgeon clearance.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–2	Weight Bearing & Immobilization - Posterior splint at 90° until the first visit (≈3–7 days), then sling for comfort - No lifting or weight bearing through the arm	Motion - Elbow flexion–extension AROM/AAROM, supine (overhead) first - Forearm rotation AROM with elbow at 90° - Shoulder, wrist, and hand AROM If LCL repaired: hinged brace 6 wks; extend with forearm pronated; extension ≤30° from full for 4 wks; shoulder adducted (no varus)	Strengthening & Function Grip; edema control
► Advance to Phase 2 when: incision healed, ROM progressing.			
Phase 2 Weeks 2–6	Weight Bearing & Immobilization - Sling discontinued - Lifting ≤1–2 lb	Motion - Progress elbow and forearm AROM/AAROM toward full; gentle PROM - No forced stretching If arthroplasty: no fixation to protect — advance ROM as the LCL allows	Strengthening & Function - Submaximal elbow and forearm isometrics from 4 wks - Shoulder and scapular strengthening
► Advance to Phase 3 when: functional arc (≈30–130°), healing on 6-wk radiographs.			
Phase 3 Weeks 6–12	Weight Bearing & Immobilization - Brace discontinued (if used) - Lifting ≤5 lb to 8 wks, then progress; weight bearing through the arm from 8 wks	Motion Terminal stretching; static progressive splinting if stiff and healing confirmed	Strengthening & Function - Isotonic elbow, forearm, and grip strengthening from 8 wks - Work- and sport-specific tasks from 10 wks
► Full Release (typically 3–4 months): radiographic healing, functional pain-free ROM, stable elbow, strength ≥90% of the other side, cleared by physician. ROM keeps improving to ≈6 months; report new instability, clicking, or loss of rotation.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.