**Distal Humerus Fracture**

**(Intact repaired/reconstructed)**

Patient and Physiotherapist information

**Procedure details:** Restoring the anatomic position of the distal humerus and the relationship with the radius and ulnar to allow function of the elbow and forearm, aiming to decrease the chance of arthritis progression.

**Goals of treatment:** The aim is restore the elbow and forearm function. The rehabilitation will aim to restore range of motion, settle the reactive change to nerves, prevent scarring to surrounding tendons and allow a timely return to function. To allow the ligaments injured to heal or the reconstructions performed to mature and strengthen as they are infiltrated with fibroblasts (cells forming collagen). Ulnar nerve gliding exercises, and reduction in nerve irritation is an aim of treatment.

**Rehabilitation phases:**

This document can be used with Dr Drynan’s rehabilitation videos, accessed via [www.drdaviddrynan.com.au](http://www.drdaviddrynan.com.au) or Youtube – Dr Drynan Orthopaedics or Link: <https://www.youtube.com/channel/UCbig6cNvW11u42tIYHvGl7w>

**Phase**

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| **Phase** | **Time (days)** | **Restrictions** | **Exercises** |
| 1 | 0-7-10  | In a cast or elbow splint until next visit – usually a week. | Finger movement in cast/splint is encouraged. Active thumb and all finger movement. If your wrist is free of the cast, or circular distally it may be done to allow passive wrist movement (using your other hand) |
| 2 | 7/10-42 | Stay in elbow range of motion splint or static splint as directed Usually limited full extension until day 20.No wrist/elbow/forearm/shoulder strengtheningNo lifting more than cup of tea/small glass of waterNo SportNo Shoulder abduction without supporting the forearmno reaching for objects or lifting | Passive range of motion with arm by side, hand in neutral, and hand supported. Extension limited to 30 degree for 3 weeks, then full extension in pronation.active assisted ROM Full Flexion and extension in pronationSupination and pronation active assisted ROM at 90 degree of elbow flexion.Finger ROM, including fist, passive assistance with end range. Done in shoulder ADDuction. (by the side)Passive end range of motion exercisesAIM full ROM by week 6\*\*OK for office work from week 3, but support arm when at work, no reaching for objects or lifting, must be in brace |
| 3 | 42 days-4 months | Remove elbow range of motion brace (if directed by physio and Dr Drynan)No boxing or heavy weights. | Full ROM, PROM, AROM, AAROMBegin wrist strengthening and forearm pronator strengthening.Can start with push-ups at 9 week markSwimming from 6 weeks – in pool – take it easy \*\*not if ligament damage\*\* |
| 4 | 4 months  | Slowly return to boxing and impact from 5 months if range, function and union confirmed. | Return to sport program gentle activities, slowly increasing loads and functional demands. |

\*\* Talk to Dr Drynan regarding ligament injuries, associated with your injury that may preclude this form of rehab or have certain restrictions