

Elbow Capsulectomy and Manipulation Under Anesthesia

General Information

- These procedures may be done either open or arthroscopically. The focus is on maintenance of the range of motion regained at surgery. If a significant flexion contracture existed before surgery an ulnar nerve transposition is likely as ulnar nerve symptoms can occur once the motion arc is regained.
- In open procedures, the extensor wad is filleted off of the lateral supracondylar ridge of the distal humerus and this must heal before any strengthening is started. Thus resistive exercises for wrist extension and supination should be withheld for 6 weeks.

Inpatient: (0-3 days)

- Extension splint for first 24 hours to reduce postoperative swelling and prevent hematoma formation
- Start CPM (when available)
 - o Set to provide passive flexion and extension and pronation/supination
 - o Should be used for first 48-72 hours until patient comfortable with self-assisted motion exercises
 - o Arm should be removed every 1-2 hours to prevent compressive neuropathy
- **ROM**
 - o Instruct in home program and begin active assisted elbow range of motion in flexion/extension and pronation/supination as tolerated (no limits in range)
 - o Instruct in home program and begin pendulums and active shoulder ROM exercises
- **Strength**
 - o Instruct in home program, and begin, grip strengthening
- **Other**
 - o Instruct on proper use of ice or cryocuff
 - ! 20-30 minutes at a time, several times per day
 - ! should be done especially after exercises
 - o Arrange for outpatient physical follow-up to begin on day of office follow-up
- **Wound Instructions**
 - o dry gauze to wound q day until dressing totally dry, then cover prn
 - o may shower at 7 days but no bath or hot tub for 3 weeks
 - o no anti-inflammatory medications x 6 weeks unless on ASA for other reasons
 - o no direct pressure against wound

Outpatient Phase 1: (Hospital Discharge to Week 4)

- **ROM**
 - o Continue flexion/extension and pronation/supination exercises
 - ! All motion may be active and active-assisted

o Home CPM continues for first 2-3 weeks

- **Strength**

o Continue grip strengthening

- **Sling**

o Not necessary

- **Other**

o Ultrasound to anterior elbow may help decrease scar tissue formation and add in recovery of full extension

o Incision mobilization and desensitization

o Modalities for pain, inflammation and edema control

o Cryotherapy as needed

o Ulnar nerve massage and desensitization

Outpatient Phase 2: (Weeks 5 ñ 8)

- **ROM**

o Continue ROM

o May add night time static extension splinting or dynasplinting if necessary

- **Strength**

o Add strengthening program for elbow and wrist flexion/extension and pronation/supination

- **Other**

o Continue scar massage

Outpatient Phase 3: (Weeks 9 -12)

- **ROM**

o Goal of full ROM