

REHABILITATION PROTOCOL

Elbow Dislocation & Instability

Your guide to recovery



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WELCOME

Your guide to recovery

after elbow dislocation, radial head fixation or replacement, or lateral ligament stabilisation

This guide can be used after an elbow dislocation treated without surgery, a radial head fixation or replacement, or a lateral ligament stabilisation. It has been carefully developed to support your recovery and to help you achieve the best possible outcome.

It outlines the recommended rehabilitation pathway, providing guidance for your recovery at home and serving as a resource for you and your physiotherapist throughout the rehabilitation process.

Recovery is a gradual and individual journey. While this protocol provides a structured framework, your rehabilitation may be adjusted according to your specific injury, treatment, progress and goals.

We encourage you to work closely with your physiotherapist and follow the advice provided by Dr Harry Constantin and his team during consultations.

We are committed to supporting you throughout your recovery and helping you return safely and confidently to the activities that matter most to you.



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Your recovery in *four phases*

This protocol is designed to guide you and your physiotherapist through your recovery. Your treatment may be adjusted to meet your individual needs. Never push through sharp pain, and always keep your exercises within the movement limits set for each phase.

1	Protection	WEEKS 0-2
2	Early Mobilisation	WEEKS 2-8
3	Strengthening	WEEKS 8-12
4	Functional Rehabilitation	3-6 MONTHS

Key principles



Follow the movement limits set by Dr Constantin



Avoid pain and sharp, sudden movements



Focus on control, posture and gradual progression – not speed



Regular physiotherapy reviews keep your recovery safe and steady

Remember

- **Elbow exercises lying down** – bend and straighten the elbow lying on your back with the arm overhead.
- **If an exercise hurts** – go back to the previous phase.
- **Gentle movement** – avoid excessive force or aggressive stretching.
- **Healing takes time** – timelines are guides and may need extending.

Protect your elbow



No side-to-side stress on the elbow

Avoid any varus or valgus force. This includes lifting your arm out to the side (shoulder abduction), which stresses the healing ligament.

Things to avoid



Avoid fully straightening the elbow

Weeks 0–2



No weight bearing through the arm

Weeks 0–2



No shoulder abduction

Weeks 0–8



No passive supination

Weeks 0–8 — it reinforces the posterolateral dislocation force, rotating the ulna off the humerus. Active turning of the palm up is encouraged from day 1



No resistance exercises on the elbow

Initially, during weeks 2–8



No heavy lifting or high-impact activity

Weeks 8–12

Key milestones

○ WEEKS 0–2	Sling, coming out of it for gentle exercises. Bend the elbow lying down, arm overhead.
○ WEEKS 2–8	Shower without dressings; scar massage.
○ WEEK 6	Start weaning the sling.
○ WEEK 8	Out of the sling — you may still wear it out of the house for added security.
○ WEEKS 8–12	Forearm strengthening with 1–2 kg.
○ 3–6 MONTHS	Sport-specific drills.

Protection

WEEKS 0-2

1

GOALS

- Protect the elbow from stress or movement that might damage the healing ligament
- Control swelling and pain
- Gentle mobilisation to prevent joint stiffness
- Avoid full extension and excessive loading of the elbow

PRECAUTIONS

- ◆ Avoid excessive force or aggressive stretching
- ◆ No weight bearing through the affected arm
- ◆ No shoulder abduction – it places varus stress on the elbow
- ◆ No passive supination – it reinforces the posterolateral dislocation force, rotating the ulna off the humerus

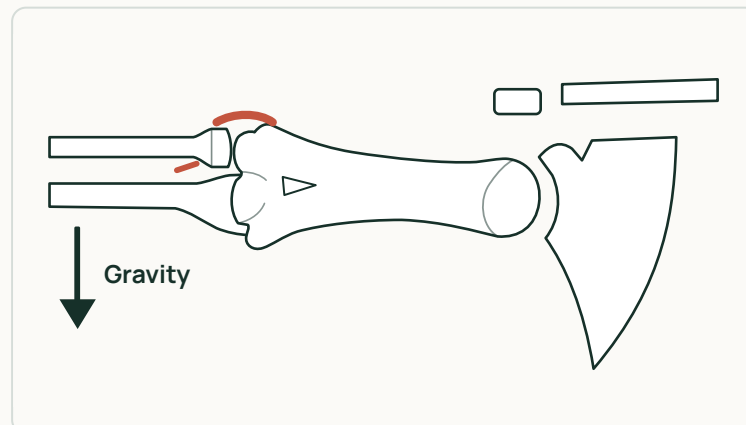
SLING & CARE

- **Sling:** wear it for comfort and protection, but come out of it for your gentle exercises.
- **Pain:** ice for 20 minutes, several times a day if needed, to reduce swelling.

EXERCISES

- **Active supination (turning the palm up):** encouraged from day 1, even in the sling. The biceps pulls the ulna into the humerus, keeping the joint centred (concentrically reduced).
- **Wrist flexion and extension:** gentle range of motion to keep the wrist mobile.
- **Elbow flexion (active-assisted only):** within the pain-free range. This must be done lying on your back (supine), with the arm overhead.

YOUR ELBOW



Dr Constantin's sketch of lateral ligament stress when the shoulder is abducted, due to the force of gravity on the forearm.

Early Mobilisation

WEEKS 2-8

2

GOALS

- Gradually restore pain-free range of motion without stressing the ligament
- Begin light strengthening of the muscles around the elbow and forearm
- Soft tissue mobility and swelling management
- Scar management

PRECAUTIONS

- ◆ Avoid any varus or valgus (side-to-side) force on the elbow
- ◆ No shoulder abduction – it places varus stress on the elbow
- ◆ No passive supination – it reinforces the posterolateral dislocation force, rotating the ulna off the humerus
- ◆ No resistance exercises directly on the elbow initially
- ◆ No pain with exercises – if pain occurs, go back to the previous phase

SLING

Start weaning the sling from week 6. By week 8 you should no longer be wearing it. You may wish to wear it out of the house for added security, but do not wear it at home while doing your everyday activities.

WOUND

You can shower without dressings. Massage the scar to help it mature.

EXERCISES

- **Gentle range of motion (active-assisted only):** overhead flexion and extension exercises. Active pronation and supination are permitted.
- **Isometric flexion and extension:** hold for 5–10 seconds, engaging the muscle without moving the joint.

Strengthening

WEEKS 8–12

3

GOALS

- Improve strength and stability of the elbow, forearm and shoulder
- Gradually increase resistance and regain functional range of motion
- Begin more dynamic loading of the elbow
- Restore functional movements that use the elbow

PRECAUTIONS

- ◆ Avoid high-impact activities and heavy lifting
- ◆ Keep exercise volume moderate, especially upper-limb loading
- ◆ No pain with exercises – if pain occurs, go back to the previous phase

EXERCISES

- **Active elbow flexion and extension:** keep progressing range of motion and introduce gentle resistance.
- **Forearm strengthening:** Therabands or light 1–2 kg dumbbells – wrist curls, reverse curls and grip strengthening.
- **Functional movements:** practise lifting light objects and pushing/pulling motions.

Functional Rehabilitation

3-6 MONTHS

GOALS

- Restore full strength and function
- Return to sport-specific or work-related tasks
- Improve endurance and power

PRECAUTIONS

- ◆ Monitor for any pain or discomfort
- ◆ Avoid rushing back into high-intensity movements
- ◆ No pain with exercises – if pain occurs, go back to the previous phase

RETURN TO ACTIVITY

Slowly reintroduce sport-specific drills.

EXERCISES

- **Progressive strengthening:** all muscle groups around the elbow – forearm, biceps, triceps and shoulder.
- **Proprioception and neuromuscular control:** balance and coordination exercises.
- **Sport-specific drills:** low-intensity drills, emphasising technique and form.