Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Olecranon Fracture Fixation Surgery - Advice and exercises

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Olecranon Fracture Fixation Surgery Advice and Exercises

Patient Information

Musculoskeletal (MSK) Physiotherapy Service

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Disclaimer

Not all exercises are suitable for everyone, and while every precaution was taken in selecting these exercises, they do not come without risks. If you have any concerns regarding injury, or whether or not you should partake in the exercises, then you should consult your General Practitioner (GP) or Physiotherapist prior to commencing any exercises shown here.

It is quite normal to feel some discomfort following exercise, but it is important that this disc omfort eases within 2 hours of finishing the exercise and doesn't have an overall negative e ffect on your symptoms.

The exercise plans shown here are designed to be used as a guide and a point of reference; the y are not exhaustive and can be modified and progressed under the supervision of your Physiot herapist.

Olecranon fracture fixation

You have had an operation to fix the fracture (break) of your olecranon (the tip of your elbow). The fracture is now being held in a better position while it is healing.

Whilst the fracture is healing, it is important to protect the fracture but also to regain normal movement of the elbow. This will prevent long-term stiffness.

Advice following your fixation surgery

Rest

Rest is important. When you are not exercising you can rest your arm in a sling or supported on a pillow for comfort. You can reduce the amount of time that you spend wearing the sling as you feel more comfortable.

Be aware that your arm may need support if you are standing or walking for long periods. Without the support of the sling the muscles at the front of your elbow may become tight.

Function

As your pain settles, using your hand for light functions such as washing up, or washing your hair is fine.

To allow the fracture to heal you must not lift anything heavy with your operated arm. Lift nothing heavier than a cup of tea for 6 weeks. You should also avoid pushing through your hand, for example by opening a door, or pushing with your hands on chair arms to stand up.

Your Orthopaedic Consultant and Physiotherapist will help guide you as to how much time you are likely to need away from work. This will depend on the type of work that you do. If you have a heavy manual job, you will need longer off work.

You will also be advised when to return to sport. You may be able to return to activities such as gentle swimming as early as 4-6 weeks. However, for sports in which your arms have a greater demand such as tennis and rugby you are likely to require longer before return to

play.

You have a legal responsibility to ensure that you are capable and safe to drive. However, we advise that you do not drive until advised by your surgeon or therapist.

Swelling and Bruising

A little hand swelling is normal. This should quickly settle. Try to move your fingers normally from day one. They may feel stiff initially, but this will quickly ease with movement. Regular hand squeezing will help this. Use a ball of socks or sponge to squeeze. When resting, make sure that your hand sits slightly higher than your elbow.

Bruising is common after a fracture repair. It often develops over days, and may take weeks to settle, but this is normal.

Pain

Pain or discomfort is normal following a fracture. The hospital will give you painkillers to take home. It is important that you take these regularly. If your pain is controlled, it will be easier to move your elbow. Once your pain starts to settle you may find that the exercises

help reduce any discomfort.

If your pain suddenly gets worse, despite taking painkillers, please contact the Orthopaedic Team on one of the numbers at the end of this leaflet.

Your Wound

The nursing staff will give you advice about changing your dressing. It usually takes 10-14 days for the wound to fully heal. During this time, you must keep it dry.

When your wound has fully healed you will not need a dressing. You can then get the wound wet. You may find it helpful to massage the scar with an unscented oil or moisturiser once it is fully healed.

If you wound becomes red, or oozes, you must contact your GP or surgical team immediately.

Exercises

The elbow becomes stiff easily. When exercising your arm, your shoulder and wrist will want to move more than your elbow. It is very important to watch your elbow crease (the line at the front of your elbow) when you exercise. Watch the elbow crease open out as

you straighten your elbow, watch it close as you bend. This will help you ensure that your elbow is moving rather than your shoulder or wrist doing the work. Aim for quality of movement not quantity!

Do the exercises with both arms. Exercising in front of a mirror can also help regain movement.

Once your wound has healed, and the dressing is off, you can place a single layer of Tubigrip (elasticated support bandage) over your elbow. This will help you to feel when your elbow is and isn't moving. You should only wear this during the day or when exercising. Remove it at night. If your fingers change colour, or if you have pins and needles, remove

the Tubigrip and discuss with your Physiotherapist.

Frequency

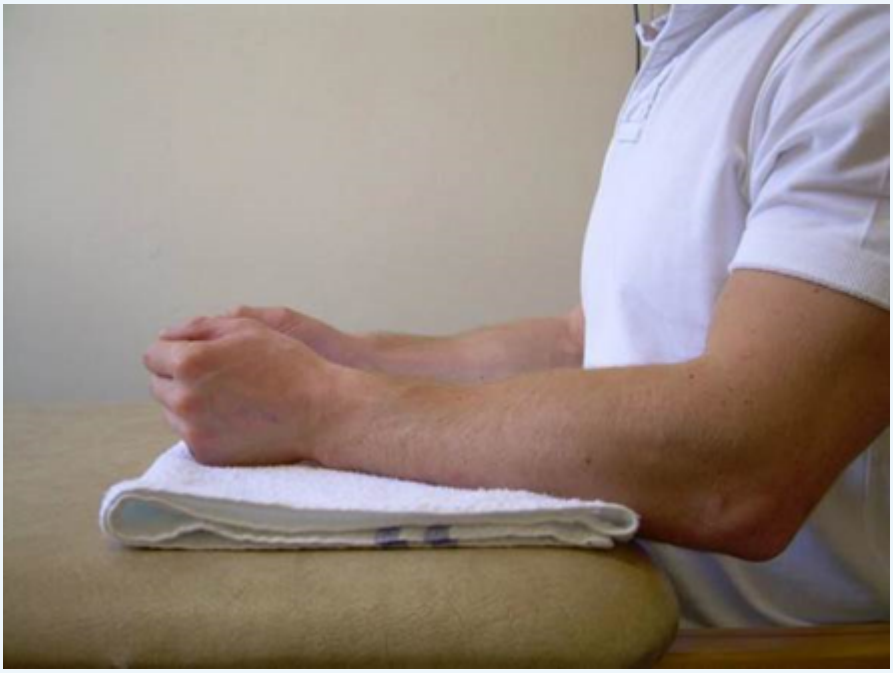
The exercises should be practised regularly throughout the day. Ideally a few repetitions every 1-2 hours for the first few weeks. As your movement improves this can reduce to 3-4 hourly. If you are happy that your elbow is moving properly, and you are comfortable,

you can do more repetitions.

Specific Exercises

Your Physiotherapist will give you exercises to do. Below are some examples of exercises that may be suitable.

1. Table Slides

	• Sit at a table kitchen work • Rest your ha (with your pa inwards)
	• Watching yo slide the tow both hands • Only go forw elbow is mov • Pause



- Return by sl
  and hands b
  crease
- As you feel
  as you pull y
  towards you
  body forward
  elbows. This
  bend further

2. Rotation Exercise



- Stand with y
  and tucked i
  hands in fro



- Slowly rotate face up
- Slowly rotate face down

3. Shoulder Exercise



- Stand tall, pu back
- Hold your ha

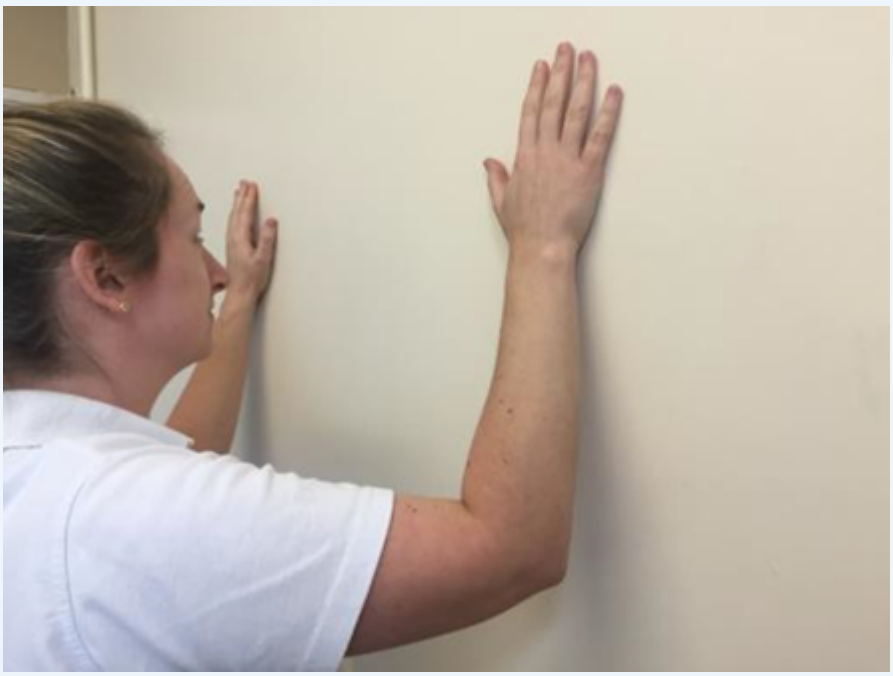


- Slowly lift yo
  your head as
  comfortable

- Slowly lower
  elbows, keep
  as you lower

Exercises 1, 2 and 3 are to be used from the day of surgery. Once your fracture starts to heal and following your Physiotherapist's advice you can progress to exercises 4.

4.Wall Slides



- Stand close
  e wall.

- Place both h
  (not shown)
  n grip the to



- Slowly slide
  wall with bot
  de when you
  moving.
- Once your e
  moving pau
  heels up to
  oes – as if y
  reach somet
  shelf. Pause
  your heels.



- Slide your ha
  towel by tuck
  ows.
- You can gain
  by standing
  s your arms

Contact Details

If you are at all concerned about your elbow, or have any further questions ask your physiotherapist on: Outpatient Fracture Clinic Physiotherapy Department Telephone 01942 822103

Adult MSK Physiotherapy Self-Referral

If you are struggling to regain your movement or get back to normal activities, you can self-refer to **Physiotherapy**. A referral form can be found on this webpage:

https://www.wwl.nhs.uk/adult-msk-physiotherapy-self-referral

Please scan the QR Code to access the website.

Telephone Numbers:

Boston House Health Centre Telephone 03007071113

Leigh Infirmary Telephone 03007071597 / 03007071595

Platt Bridge Health Centre Telephone 03007071772



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