

# Elbow Fracture Fixation Surgery Advice and Exercises

## Patient Information

Musculoskeletal (MSK) Physiotherapy Service



The Patient Information Leaflets page on the Trust website is available on the link:  
<https://www.wwl.nhs.uk/patient-information-leaflets> or scan the QR code.

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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 discomfort eases within 2 hours of finishing the exercise and doesn't have an overall negative effect on your symptoms.

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

## Elbow fracture fixation

You have had an operation to fix the fracture (break) in 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 function 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 e.g. lifting 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 through 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 returning to play.

You have a legal responsibility to ensure that you are capable and safe to drive. However, we recommend 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 to start with, 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 pain killers, 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 moisturizer once it is fully healed.

If your 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 is not 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 every 3-4 hours. 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.

<b>1. Table Slides</b>	
	<ul style="list-style-type: none"><li>• Lie on your back</li><li>• Raise your arm up so that your upper arm is pointing up towards the ceiling</li><li>• Hold it in position with your other hand (see picture)</li></ul>
	<ul style="list-style-type: none"><li>• Keeping your upper arm still, slowly relax your elbow, so that it bends, and your hand moves towards your head</li></ul>
	<ul style="list-style-type: none"><li>• Keeping your upper arm still, slowly straighten your elbow, so that your hand points towards the ceiling</li></ul>

Repeat this exercise frequently throughout the day. It should not cause pain. You may feel that the exercise eases any discomfort that you have. Ideally you should exercise your elbow every 1-2 hours.

## 2. Table Slides



- Sit at a table or stand at the kitchen work-top
- Rest your hands on a towel (with your palms facing inwards)



- Watching your elbow crease, slide the towel forwards with both hands
- Only go forwards whilst your elbow is moving
- Pause



- Return by sliding your elbows and hands back, watching the crease
- As you feel more comfortable, as you pull your elbows back towards you, you can lean your body forwards over your elbows. This will help them bend further

### 3. Rotation Exercise



- Stand with your elbows flexed and tucked into your side, hands in front



- Slowly rotate both palms to face up
- Slowly rotate both palms to face down

### 4. Shoulder Exercise



- Stand tall, pull your shoulders back
- Hold your hands together



- Slowly lift your arms up over your head as far as is comfortable
- Slowly lower by bending your elbows, keeping them tucked in 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 and 5.

## 5. Wall Slides



- Stand close to a wall, facing the wall
- Place both hands on a towel (not shown) on the wall. You can grip the towel if this is easier



- Slowly slide the towel up the wall with both hands. Only slide when your elbow crease is moving
- Once your elbow crease stops moving pause and raise your heels up to stand on your tip toes – as if you were trying to reach something from a high shelf. Pause and then lower your heels



- Slide your hands down on the towel by tucking in your elbows
- You can gain more elbow bend by standing closer to the wall as your arms lower

## Contact Details

If you are at all concerned about your elbow, or have any further questions either 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.wvl.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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## Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

## Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager  
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust  
Royal Albert Edward Infirmary  
Wigan Lane  
Wigan  
WN1 2NN

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## Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?



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## How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

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This leaflet is also available in audio, large print, Braille, and other languages upon request. For more information, please ask in the department/ward.

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