

**Barnes Jewish Hospital/Washington University
Trauma and Ortho Trauma Service
Upper Extremity Post-op Protocol**

This protocol is to be utilized for fractures *at or near the elbow*:

Humerus Shaft

Distal humerus

Olecranon

Radial head

Ulna/radius

(**not** for proximal humerus)

Post op day #1:

If a plaster splint has been placed, the post op splint is removed (by OT or the ortho trauma service).

The operative dressing (except for xeroform) is removed.

Island dressing is applied to the surgical wound.

OT measures for and applies Tubigrip to the injured upper extremity, educating the patient on how to do this. The Tubigrip should be proximal to the surgical wound and include the metacarpal heads.

Edema glove is then fitted and applied. Again, patient is educated on the application and removal process.

OT instructs and educates the patient on active, active assist ROM of the elbow, shoulder, and wrist (no limitations) and engages the patient with gentle passive ROM of the shoulder and wrist as necessary, without limitation.

When the patient is resting or lying down the hand should be above the elbow, the elbow above the heart.

Sling for comfort only. The patient should come out of the sling several times a day for ROM exercises. When the patient is in bed, the sling should be removed, unless the patient refuses.

The patient may change the island dressing once a day (or may leave it for up to 5 days) and re-apply the Tubigrip and edema glove. The Xeroform dressing can come off on day 2.

[Upper Extremity Protocol](#)