

Elbow Dislocation

Summary Points to Remember

- Wear the sling for **2-4 weeks**
- Do not lift anything weighing more than **250g** with your injured arm for **4 weeks**
- No driving for **6 weeks**

Virtual Fracture Clinic

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

A Specialist Orthopaedic Surgeon will review your case, then a staff member will contact you by telephone to discuss your management plan.

Your diagnosis is: Elbow Dislocation

The elbow joint is made up of three bones – the upper arm bone (humerus) and two bones in the forearm (radius and ulna). The joint surfaces are where the bones come together. In a dislocation, the joint surfaces have become separated. Dislocations can be complete or partial (also called a subluxation).

Elbow dislocations are often caused by a fall onto an outstretched hand.



Early Management: 0-72 hours after the injury

It is normal for your elbow to become bruised and swollen. This will settle over a few weeks. The following guidelines can help to minimise swelling and pain:

Rest

For the first few days and avoid any activity that increases your pain

Ice

Ice the elbow for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables (do not place ice directly on the skin). Continue this for **3 to 7 days** after your injury

Compression

Use a compression bandage or tubigrip (an elastic stocking you can buy from the chemist). If you feel more pain, or any tingling/numbness, remove the compression as it may be too tight

Elevation

Sit and rest your arm on several pillows for 10 minutes and move your fingers



Sling:

- Wear your sling to support your arm for **2 weeks**
- The sling may be removed for sleeping and showering



Lifting:

For the first **4 weeks** you should not lift anything heavier than a cup of tea or mobile phone (**less than 250 grams**)

Medication:

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

Smoking:

Research shows that smoking increases the risk of poor healing in fractures. Stopping smoking will improve the chance of a good outcome.

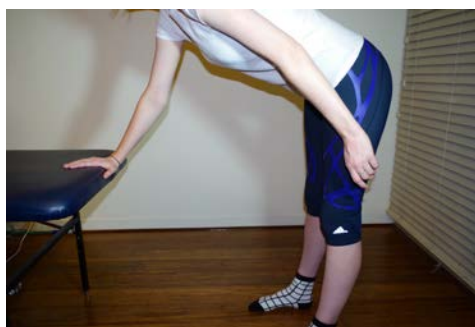
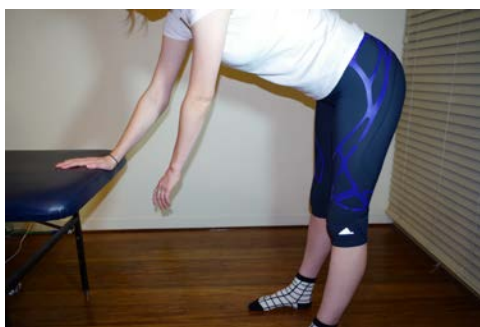
For further information on quitting smoking visit www.quitnow.gov.au or speak with your GP.

Rehabilitation: After 48-72 hours

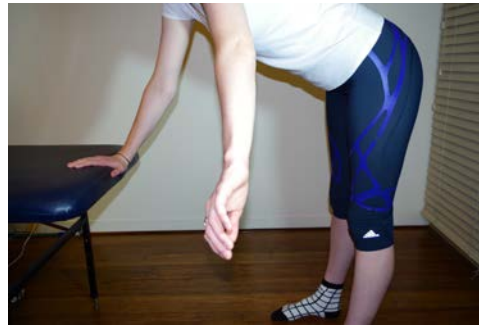
Exercises:

Remove the sling and gently perform the following exercises **4 times a day**

- Shoulder pendulum exercises - stand and lean forward supporting yourself with the other hand. Relax your injured arm and let it hang down. Gently swing the arm:
 - In circles - Repeat 10 times each direction



- Side to side - Repeat 10 times



- Front and back - Repeat 10 times



- Hand and wrist exercises

- Open and close your hand – repeat 10 times

Progression: Hold a soft ball/ball of socks. Squeeze and relax – repeat 10 -15 times

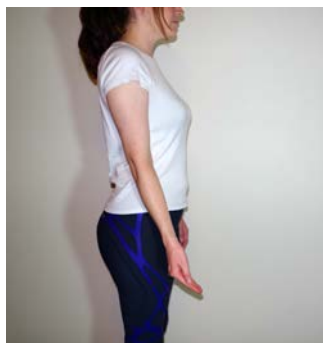


- Move your wrist up and down – repeat 10-15 times

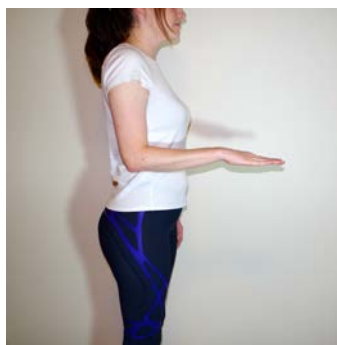
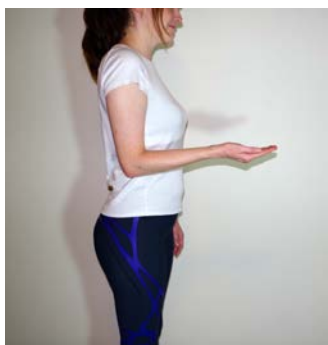


After 3 weeks:

- Elbow bend and straighten – bend and straighten your elbow so you feel a mild to moderate stretch. You can use your other hand to help if necessary. Do not push into pain – repeat 10-15 times



- Forearm rotations – with your elbow bent to 90 degrees by your side, rotate your palm up and down so you feel a mild to moderate stretch – repeat 10-15 times



Physiotherapy:

Most patients could benefit from some physiotherapy treatment following elbow dislocation.

- Speak with your local doctor (GP) about physiotherapy options in your area **or**;
- Contact the Virtual Fracture Clinic to arrange physiotherapist at the hospital (Medicare bulk billed)

Expected return to daily activities

It is important to note that different people recover from injuries at different rates.

Driving:

You can return to driving **6 weeks** following your injury, provided your arm strength is restored.

Return to work:

The amount of time you will need off work relates to the severity of your injury and your work requirements.

Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to climb ladders or do repetitive lifting it may take **6-8 weeks** to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

Return to sport:

It is recommended that you see a physiotherapist for a guided return to sport program.

Longer term recovery and expectations

Most people achieve a normal function 3-4 months after this injury. It is possible that you could have mild ongoing discomfort and stiffness for more than 12 months.

If you still have significant pain or limitation 3-6 months after your injury despite physiotherapy and rehabilitation you may need to see an orthopaedic specialist. Discuss this with your local doctor.

When to contact the Virtual Fracture Clinic

- **If you have not heard from us TWO working days after your emergency department visit**
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- If you notice increasing pain without a cause after it was improving
- If you notice major numbness, pins and needles, or changes in circulation in your arm, hand or fingers
- If your symptoms are still bad after 6 weeks

This brochure provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for the majority of patients with this condition. However, it may not apply to your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at The Royal Melbourne Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again.

If you have any questions or concerns please contact
the Virtual Fracture Clinic

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