

Elbow dislocation



Summary points to remember:

- Use this link or QR code to watch a video about an elbow dislocation: thermh.org.au/vfc
- The elbow joint is made up of three bones. In a dislocation, the joint surfaces have separated
- Wear your sling for two weeks
- This brochure provides some information to assist with the 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
- If you have any concerns about the 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 (RMH)
- 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



Virtual Fracture Clinic

The Virtual Fracture Clinic gives fast access to a specialist orthopaedic opinion without having to visit the RMH in person.

An orthopaedic surgeon will review your case and a staff member will contact you 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). These bones come together to form the elbow joint.

In a dislocation, the joint surfaces have 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: the first 72 hours

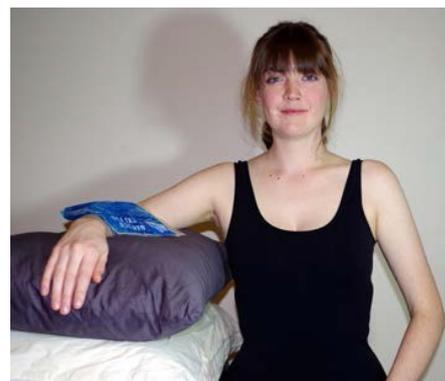
It is normal for your elbow to become bruised and swollen. This will settle over a few weeks. Follow the RICE (rest, ice, compression, elevation) guidelines to help with any pain and swelling:

Rest: Avoid any activity that increases your pain.

Ice: Ice your elbow for **20 minutes every one to two hours**. Use an ice pack, bag of frozen vegetables or crushed ice wrapped in a towel. Do not place ice directly on your skin. Continue for **three to 10 days** after your injury.

Compression: Use a compression bandage or Tubigrip (elastic stocking you can buy from the pharmacy).

Elevation: Rest your arm on several pillows (see photo to the right).



Sling

Wear a sling to support the arm for **two weeks**. Your fingers should be slightly higher than your elbow when resting in the sling (see photo to the right).

Remove the sling for showers and sleeping, if comfortable.

Lifting

For the first four weeks after your injury do not lift anything weighing **more than 250 grams** with your injured arm (about the weight of a cup of tea or mobile phone).



Medication

Simple medication such as paracetamol or NSAIDs (non-steroidal anti-inflammatory drugs) may help to control your pain. Speak with your General Practitioner (GP, also called your local doctor or family doctor) or pharmacist about medication options.

Smoking

Research shows that smoking increases the risk of poor healing after an injury. Stopping smoking will improve the chance of a good outcome.

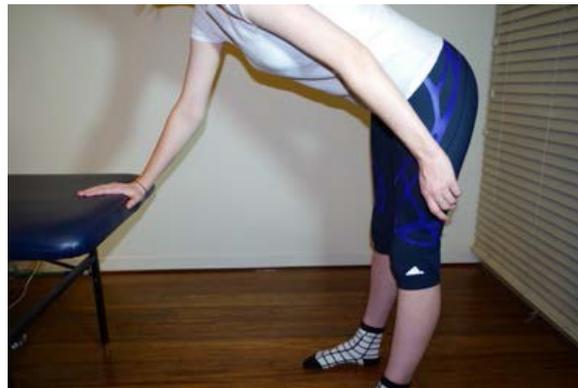
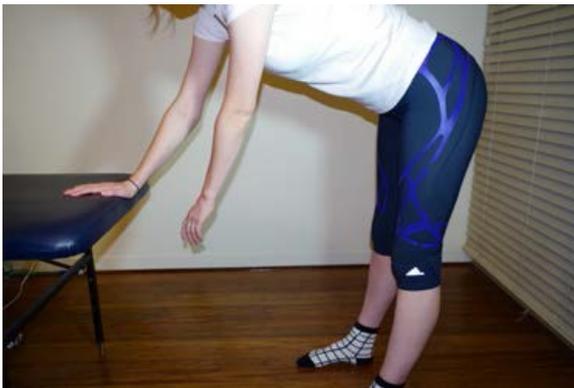
For further information on quitting smoking visit quitnow.gov.au or speak with your GP.

Rehabilitation exercises: after 48-72 hours

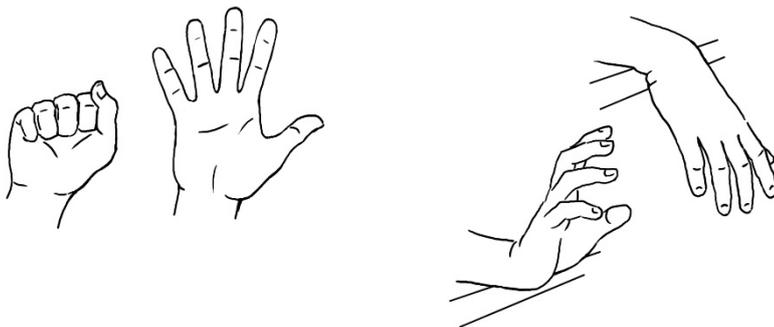
Remove the sling and perform these exercises **four times a day**:

- Lean forward supporting yourself with your good arm. Hang your injured arm down. Gently swing the injured arm:
 - In circles
 - Front to back
 - Side to side

Repeat 10 times each direction

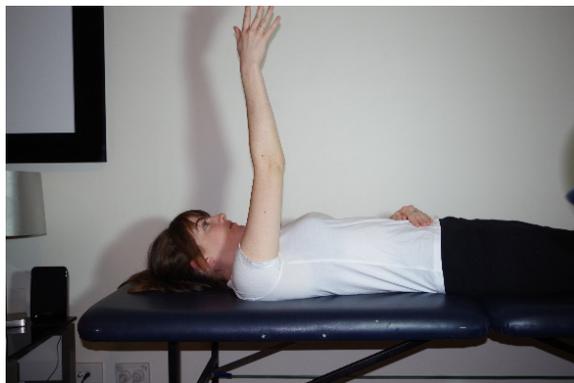
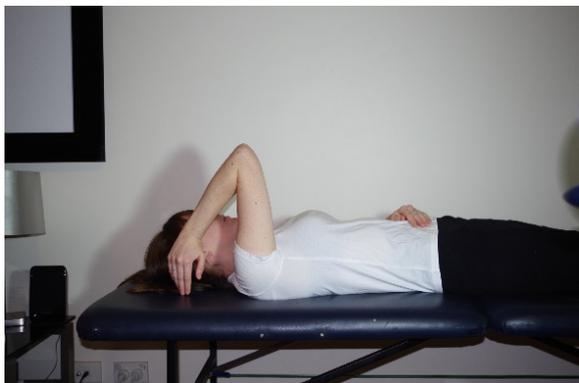


- Open and close your hand, and move your wrist up and down. Repeat 10 times each

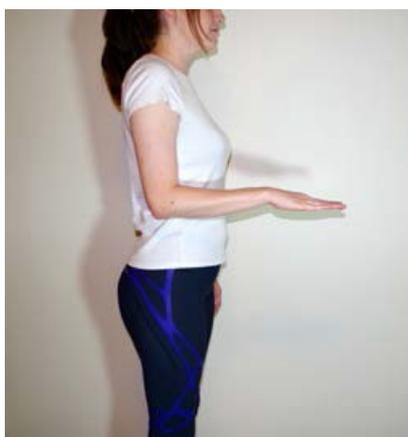
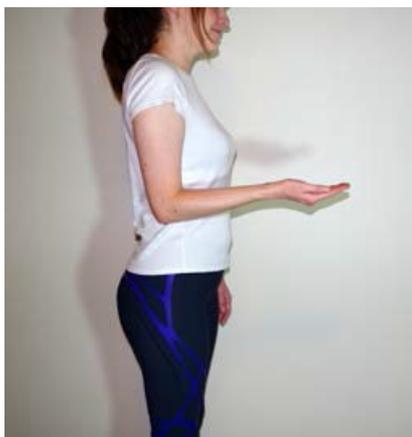


After two weeks, add these exercises

- Lie on your back. Bend and straighten your elbow towards the roof. Repeat 10 times



- Start with your elbow bent at 90 degrees by your side. Rotate your palm up and down to feel a mild stretch. Repeat 10 times



Physiotherapy

Physiotherapy rehabilitation is important after an elbow injury.

Speak with your GP about physiotherapy options in your area, or contact the Virtual Fracture Clinic to arrange physiotherapy at the RMH.

Expected return to daily activities

Different people recover from injuries at different rates.

Return to driving

You may return to driving six weeks after your injury. You may be cleared sooner by a physiotherapist or doctor if your strength and function are 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 GP and employer.

As a guide:

- Manual workers: If you need to climb ladders or do repetitive lifting it may take six to eight 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 normal function three to four months after this injury. It is possible that you could have mild ongoing discomfort and stiffness for more than 12 months.

If you have significant problems **six months** after your injury despite rehabilitation you may need a review with an orthopaedic specialist. Discuss this with your GP.

Contact

Contact the Virtual Fracture Clinic if:

- You have not heard from us **two working days** after your Emergency Department visit
- Your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help
- You notice increasing pain without a cause after it was improving
- You notice major numbness, pins and needles, or changes in circulation in your hand or arm
- Your symptoms are still bad after six weeks

Contact

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Practitioner / Patient notes

