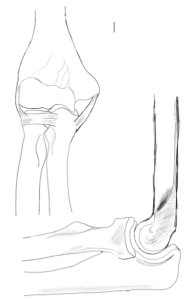


# MATTHEW J. DUBIEL M.D. SHOULDER AND ELBOW SURGERY



## ELBOW INSTABILITY - ACTIVE

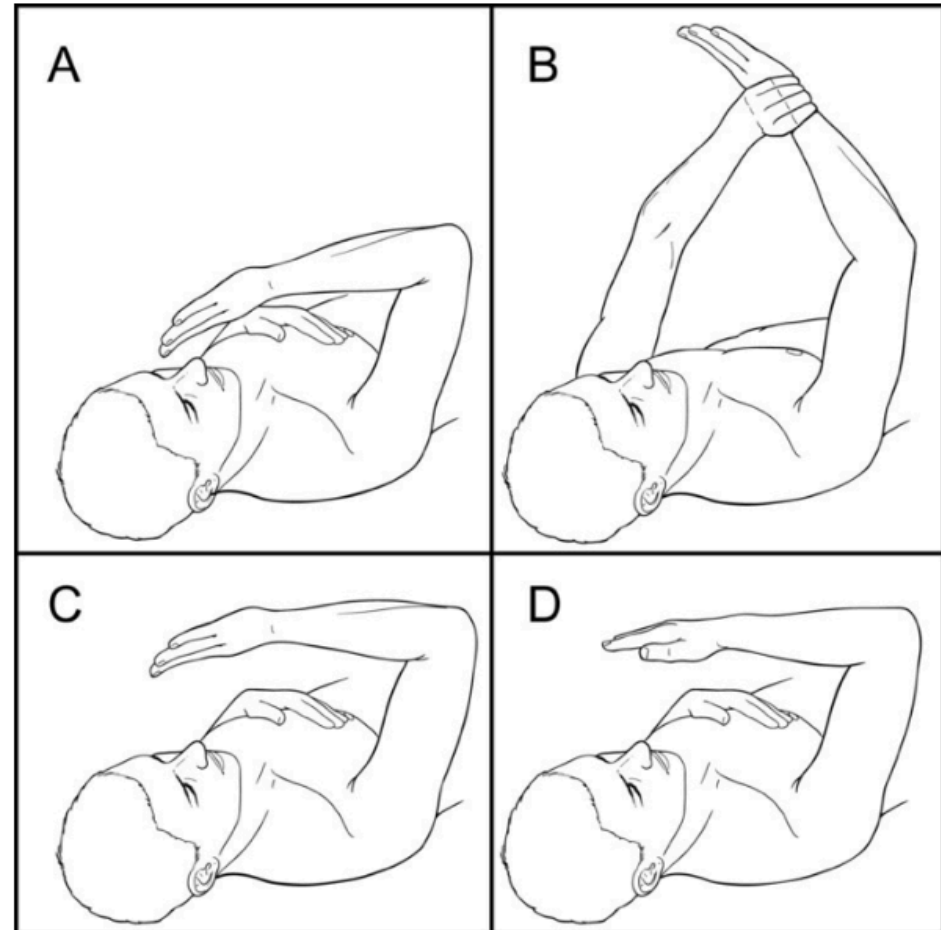
Patients should be instructed to keep their elbow at their side for all functional use, to exercise the elbow, and not to abduct their shoulder. No shoulder abduction.

Encouraged to perform active elbow flexion exercises with maximal effort and with assistance from the opposite limb.

Ok for hand, wrist ROM active and passive.

**Residual subluxation of the elbow after dislocation or fracture-dislocation: Treatment with active elbow exercises and avoidance of varus stress**

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**Overhead motion exercises.** These exercises are performed under the direct supervision of a therapist. The patient is positioned supine (lying on back) with the shoulder flexed, adducted, and in a neutral to external rotation position. This position eliminates gravitational varus and distraction forces. In this position, A elbow flexion, B extension, C pronation, and D supination motion exercises are performed.