



West Hertfordshire
Teaching Hospitals
NHS Trust



A guide to...

Elbow Fracture

Patient Information

Watford General Hospital
Hemel Hempstead Hospital
St Albans City Hospital
West Hertfordshire Therapy Unit

Elbow Anatomy



The elbow is a hinged joint made up of three bones, the humerus, ulna and radius. The radius and ulna rotate around the humerus to bend/straighten your arm. Elbow joints are notoriously stiff following a fracture. You will need to start moving the elbow as soon as possible unless stated by the doctors. Initially it will be painful but by moving the elbow this will reduce the stiffness and tightness and allow a quicker recovery.

Treatment will usually start with a sling provided by the hospital. The sling gives your shoulder support to allow the bone to heal in a good position and should be worn as long as the consultant recommends. Wearing the sling may also help manage your pain. Completing gentle movement exercises as per this booklet will help prevent stiffness in your elbow. If you do experience some stiffness and/or fatigue in the surrounding muscles of your elbow, don't be worried as this is normal and will improve with

Frequently Asked Questions

When can I drive?

This varies from patient to patient and the type of car you have. We advise you not to drive until you are safe to control the car in an emergency situation. You must check that you can use all the controls, and may start with short journeys initially. You may need to inform your insurance company of your injury.

When can I return to work?

This will depend on your job. You may not be able to work for several weeks. However, if you are involved in lifting, overhead activities or manual work then this may be longer. You can discuss return to work with your physiotherapist, consultant or GP. If you need to be signed off, this will need to be done by the doctor. You will need to discuss with your employer regarding an individual work based risk assessment prior to returning.

When can I participate in my leisure activities?

Your ability to start these activities will depend on your pain, range of movement and the strength that you have in your upper limb. Usually you can return to normal daily activities within six weeks, except weight lifting. Sports involving upper limb movements may not be played for at least 12 weeks as advised by your physiotherapist. Please discuss your desired activities with your physiotherapist, so that advice and exercises can be tailored to your individual needs.

Exercise Advice

- Use pain-killers and/ or heat/ice packs to reduce the pain before you exercise.
- It is normal that you can feel aching, discomfort or stretching when you have completed exercise.
- If you experience pain that persists (e.g. more than 30 minutes), or increases in intensity, it is an indication to change the exercise by doing it less forcefully or less often. If this does not help then please discuss this with your physiotherapist.
- Do short frequent sessions (e.g. 5-10 minutes, four times a day) rather than one long session.
- Gradually increase the number of repetitions that you do but aim for the number of repetitions your physiotherapist advises (the numbers given in this booklet are rough guidelines).
- Fit them into your daily routine! Make it a habit.

If you experience any of the following symptoms please inform doctors at Fracture Clinic or your physiotherapist so they can explore this further:

- Pins and needles or numbness down your arm/hand.
- If you are struggling to move your arm at all.
- If you are experiencing pain symptoms anywhere other than at the site of the original injury or surrounding area.

Wrist Exercises

Complete each exercise 10 times, three times a day. You can watch these videos by scanning or clicking on this QR code:



Active Wrist Flexion:

- Have your forearm supported on a table with your hand over the edge and palm facing down.
- Allow your hand to drop down and you may feel a stretch on the back of the wrist.



Active Wrist Extension:

- Have your forearm supported on a table with your hand over the edge and palm facing down.
- Bring the wrist backwards until you feel the stretching at the inside of the forearm.



Grip Squeezes:

- Open then close your hand, making a fist and ensuring you bend all the joints in your fingers. Then open the fist, extending the fingers completely.
- Progression: hold a soft ball/ ball of socks. Squeeze the ball as hard as possible without pain.



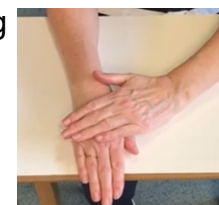
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Assisted Supination and Pronation:

- Have your forearm supported on a table with your hand over the edge and palm facing inwards towards the other hand. Keep your body and shoulder still.
- Rotate your palm so that it is facing the ceiling and gently assist the movement with your other hand.
- Then complete the opposite motion by gently assisting the rotation of your palm so that it is facing the floor.



Assisted Elbow Flexion and Extension:

- In sitting, lying or standing, use your unaffected arm to support your affected arm by gently bending and straightening the elbow.
- Try to keep your shoulder and body still during this.



Shoulder Exercises

Complete 10 times, three times a day:

Posture Awareness (Retraction):

- Whilst sitting or standing, squeeze your shoulder blades together and downwards. Hold for one to two seconds.
- Progress to holding for five to ten seconds.



Pendulum:

- Gently lean your body forwards and allow the affected arm to relax in a straight position.
- Gently swing, using gravity, the affected arm forwards, backwards and side to side as pain allows.



If you are unsure about any advice or information, please arrange to contact fracture clinic or contact the Physiotherapy department using the below contact details.

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version, please call **01923 217187** or email **westherts.pals@nhs.net**



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