DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Both Bone Forearm Fracture Fixation

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- Non-weight bearing through the operative arm in a sugar-tong splint for the first 3 weeks — no lifting, pushing, or pulling with that arm.
- At 3 weeks the splint is discontinued and elbow and forearm range of motion begins, but the arm remains non-weight bearing through 6 weeks.
- From 6 to 12 weeks, weight bearing through the arm is advanced gradually and gentle strengthening is added as tolerated.
- Keep the fingers and shoulder moving from the first week, and prioritize swelling control with ice and elevation.
- Contact the surgeon for fever, excessive drainage, increasing redness, uncontrolled pain, or new numbness or tingling in the forearm or hand.

PHASE I

Protected Immobilization

TIMEFRAME

WEEKS 0–3

Goals:
Protect the fixation, control pain and swelling, and maintain finger and shoulder motion.

Precautions:
Sugar-tong splint on at all times; non-weight bearing through the operative arm; no elbow flexion/extension or forearm rotation; keep the splint clean and dry.

Interventions:
Cryotherapy and elevation, active digital range of motion and gentle grip, and active shoulder range of motion to prevent stiffness.

Criteria to Progress:
Three weeks from surgery, splint discontinued by Dr. Yao, incisions healed, and pain controlled.

PHASE II

Range of Motion

TIMEFRAME

WEEKS 3–6

Goals:
Restore elbow flexion/extension and forearm pronation/supination while the arm remains non-weight bearing.

Precautions:
Continue non-weight bearing through the operative arm — nothing heavier than a cup of coffee. No resisted elbow or forearm strengthening and no forceful passive stretching.

Interventions:
Active and active-assisted elbow flexion/extension and forearm supination/pronation, wrist range of motion, continued digital and shoulder motion, edema control, and scar mobilization once the incisions are fully healed. A sling may be worn when out in public for protection as needed.

Criteria to Progress:
Elbow and forearm range of motion improving toward the uninvolved side, incisions healed, and radiographic evidence of healing per Dr. Yao.

PHASE III

Progressive Loading

TIMEFRAME

WEEKS 6–12

Goals:
Restore full range of motion and gradually reintroduce weight bearing and strength through the forearm.

Interventions:
Stepwise progression of weight bearing through the arm as tolerated, beginning with light closed-chain loading; isometrics advancing to light resistive elbow flexion/extension, forearm rotation, wrist, and grip strengthening; joint mobilization and low-load prolonged stretch for residual stiffness.

Restrictions:
No impact, contact, or forceful torque through the forearm. Advance lifting gradually and avoid heavy lifting until cleared by Dr. Yao.

Criteria to Progress:
Full or near-full elbow and forearm range of motion, radiographic union, and pain-free tolerance of functional loading.

PHASE IV

Return to Activity

TIMEFRAME

MONTHS 3–4+

Goals:

Return to unrestricted work, recreation, or sport.

Interventions:

Progressive resistance and endurance work for the entire upper extremity, task- and sport-specific loading, and gradual reintroduction of overhead and impact activity.

Return to Work/Sport:

Return to contact sports, heavy manual labor, or full weight bearing through the arm requires confirmed union and clearance from Dr. Yao.

Discharge Criteria:

Full pain-free range of motion, strength symmetrical to the uninvolved side, and safe mechanics with functional and sport-specific tasks.

This protocol is a general guideline. Because timelines depend heavily on fracture pattern and fixation stability, progression must be individualized by the treating physical therapist in coordination with Dr. Yao's office and confirmed against follow-up radiographs.