

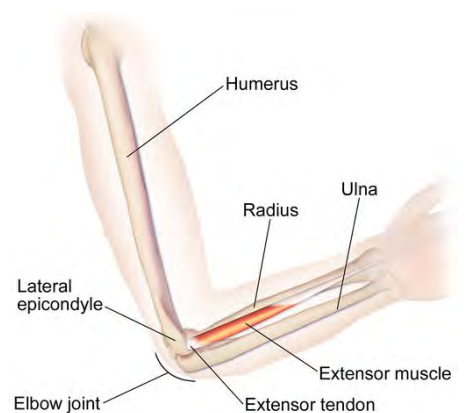


Radial head open reduction internal fixation (ORIF) – advice and exercises

This leaflet gives information, advice and exercises following a radial head ORIF elbow surgery. If there is anything you don't understand or if you have any questions, please ask your physiotherapist.

What is the radial head?

The radial head is the rounded top of the radius bone (one of the forearm bones), found at the elbow. It works together with the upper arm bone (humerus) and the ulna (the other forearm bone). It helps you bend, straighten, and rotate your elbow (turning your palm up or down).



Anatomy of the elbow joint

What is ORIF surgery?

Radial head ORIF is a procedure to treat serious fractures of the radial head. During surgery, the broken bone pieces are realigned and held together with screws and a plate to restore the shape and function of the joint. This procedure is usually needed when the fracture is displaced (the bones are out of alignment) or involves a large part of the joint surface. After surgery, physiotherapy is really important to help regain elbow movement and prevent stiffness.

General guidelines

- **Pain:** It is important that you continue to take the painkillers as advised by the hospital, to ensure you are as comfortable as possible. If you have any problems taking painkillers, they are not controlling your pain, or you need a further prescription, please contact your GP for advice.
Ice packs may also help reduce the pain; wrap frozen peas / crushed ice in a damp, cold tea towel and place it on the area for up to 10 minutes at a time, making sure the wound is covered with something waterproof, e.g. cling-film, until the wound is healed. You can repeat this as many times as needed throughout the day, but allow at least 30 minutes between each ice pack.
- **Wearing a sling:** You will return from surgery wearing a sling; this should be worn for up to 2 weeks and your physiotherapist will advise when to stop using it. The sling needs to be worn both day and night, so you will initially only remove it for specific exercises and to wash or dress. The sling can be worn over the top of clothing, to allow you to dress normally. The

physiotherapist will show you how to loosen the sling for the exercises and will explain the best way to look after your arm.

- **Hygiene:** You may need assistance to wash and dress, so it is advisable to try to organise some help from family and friends prior to your operation. Your physiotherapist will show you the easiest way to look after your arm while it is healing.
- **The wound:** Keep the wound dry until it is healed. This normally takes 10-14 days. Your stitches are dissolvable but may need to be trimmed by your GP practice nurse 10-14 days after surgery, which you will need to organise. The wound will be covered with a waterproof dressing and this should remain on until you see your practice nurse, unless advised otherwise. Remove the bulky bandaging around 48-72 hours after the procedure.

If the wound changes in appearance, weeps fluid or pus or you feel unwell with a high temperature, contact your GP as you may have an infection.

Follow up appointment

You will be referred to your local physiotherapy department for further rehabilitation to start at around 2 weeks after the procedure. You will also be reviewed in the Orthopaedic Outpatient department at 2 or 6 weeks after surgery, with an x-ray on arrival. The timings of the follow up appointment may sometimes vary for individual cases.

General exercise advice

Throughout your rehabilitation, you must always be guided by your pain and it is highly likely that initially you will find you are more tired than usual. It is important to ensure you adopt a sensible balance between activity and rest.

Try to do the exercises little and often, spread throughout the day, as you are likely to find this easier and more tolerable than sustained (long) exercise sessions, e.g. 5-10 repetitions of an exercise. Try to ensure you do all the (appropriate) exercises at least a few times a day.

Exercises

0 – 2 weeks

Wrist and hand exercises:

Bend the wrist forwards and backwards, then side to side.

Circle the wrist in a clockwise and then an anticlockwise direction. Squeeze and make a fist. You can use a small ball if you have one.



Postural awareness:

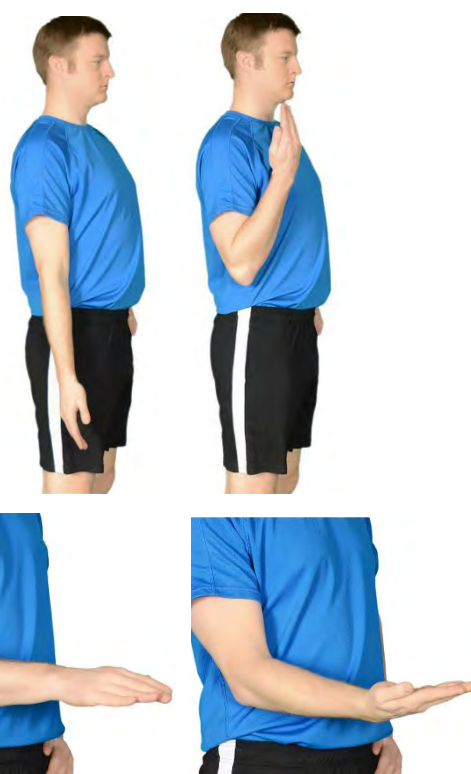
Standing or sitting – pull the shoulder blades gently back and down, with the chest bone (sternum) naturally coming forwards, as if taking a deep breath in.



Elbow exercises:

- Standing – bend and straighten the elbow fully, using your good arm to assist if needed.
- Standing or sitting – with a bent elbow turn the forearm over in a clockwise and anti-clockwise direction (palm up, then palm down).

Do not push into stretch, only complete gentle movements.



Rolling the ball/towel out:

Sitting at a table – put a cloth or small ball underneath the operated arm (hand). Gently slide the operated arm away from the body, using the ball to take some weight of the arm and lean your body forward into the table.

Be guided by pain and do not push.



Supine darts movement:

Bent your elbow, then support your affected arm up towards the ceiling using your good arm.
Maintain support of the affected arm while straightening then bending your elbow towards the ceiling.
Repeat a few times before supporting the affected arm back down.



Resuming normal activities

Timings for returning to functional activities are approximate and will differ depending upon the individual. However, the earliest that these activities may commence are:

- **Driving:** Earliest at 6 weeks or when safe (the law states you need to be in complete control of your car at all times, it is your responsibility to ensure this).
- **Heavy lifting:** 3+ months.
- **Swimming:** Breaststroke: 8 weeks; Freestyle at 3 months.
- **Golf:** From 12 weeks but not driving range.
- **Contact sports:** From 3-6 months (football, martial arts, horse riding, racket sports).
- **Return to work:** Light duties (desk based) as able (no lifting); heavier duties from 3 months. If you have a manual job, you should be guided by your consultant at your follow-up appointment.

Note: These are approximate guidelines only.

Further information

Physiotherapy Outpatient Department (Physiotherapy East)

T: 0118 322 7811 or email RBFT.physiotherapy@nhs.net with questions or concerns

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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