

Elbow Dislocation

Treatment Algorithm

Fracture-dislocation ①

Ligaments only ②

Stability Testing (0° - 140°)

stable

unstable

Splint
Physio

MRI or Fluoroscopy under
anesthesia supine (①)
or lateral decubitus (②)

① See
page 2

Testing stability in varus-pronation
in complete extension and 30° flexion

stable

unstable $>10^\circ$

Repair LUCL

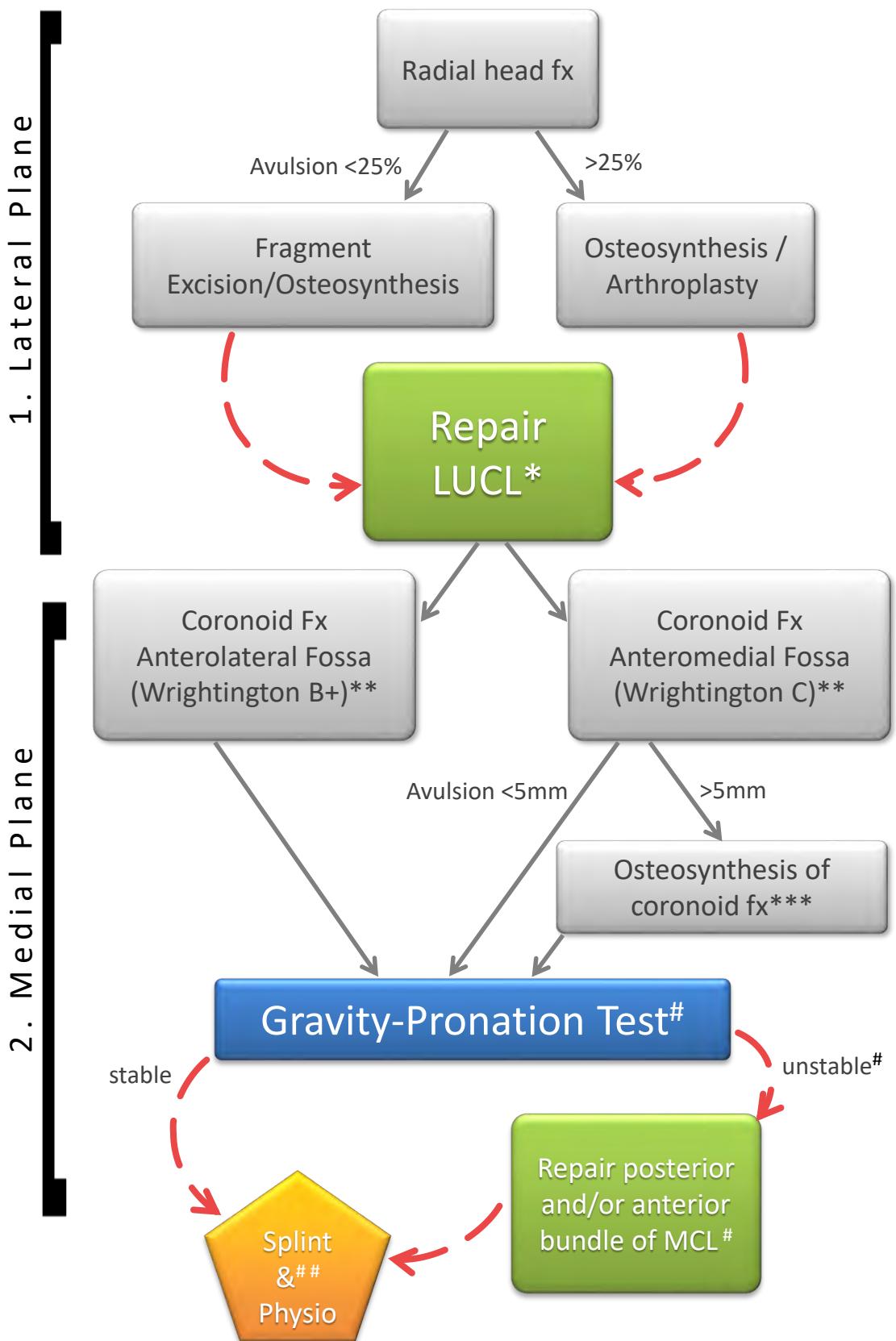
Testing stability in valgus-supination
in complete extension and 30° flexion

stable

unstable $>10^\circ$

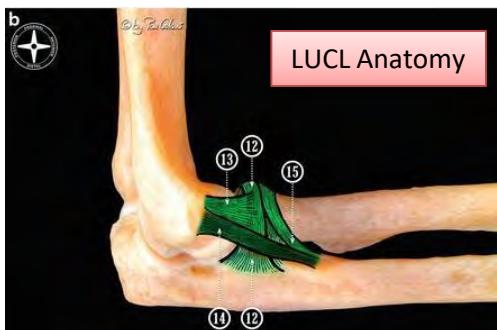
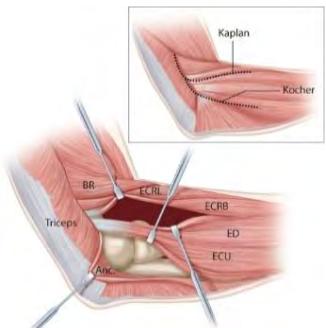
Repair MCL

Fracture-Dislocation



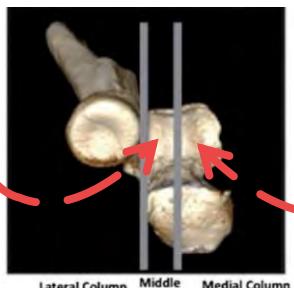
Treatment Guidelines

* LUCL Repair through Kocher approach



** Wrightington Classification

Type B+



Type C



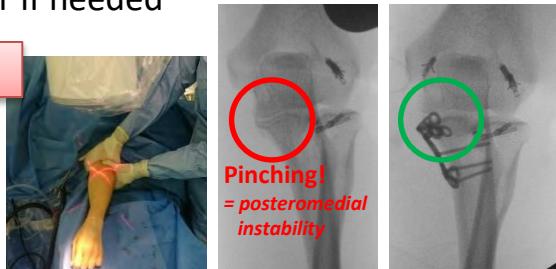
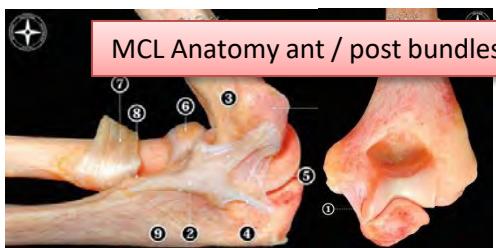
Type C example

*** Coronoid osteosynthesis through Hotchkiss approach



- Coronoid buttress plate through Hotchkiss approach
- Anatomic placement of suture anchors

Gravity-Pronation Test + MCL repair if needed



Post-operative CT (Day-1) to verify reduction and start rehab



Post-op → Overhead exercises + physiotherapy
- D1-45: Active assisted overhead (=stable)
- D1-45: Dynamic elbow splint
- D45+: Active mobilisation & passive stretching
- Remove splint or use static progressive splinting to maintain gained extension

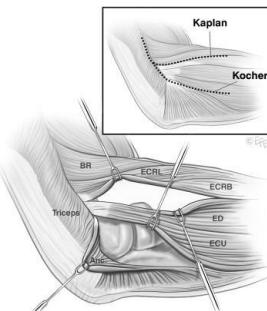
Top 3 Pitfalls



1. LUCL Repair
(not the more
anterior LRCL /
common extensor
origin)



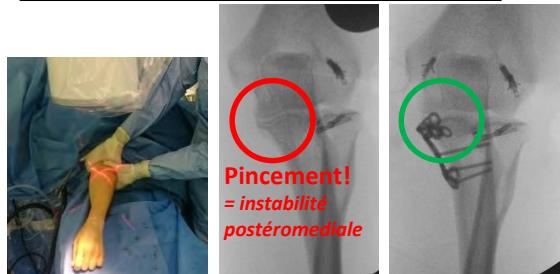
Kocher approach



2. Repair
anterior +/-
posterior
bundles of MCL
(pMCL) if
posteromedial
instability in
varus-pronation



Gravity-Pronation Test



Transpose ulnar nerve
for repairing pMCL



3. Coronoid
congruency if
anteromedial
fragment



Hotchkiss approach +/- buttress plate

