

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)

See
page 2

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

stable

unstable >10°

Repair LUCL

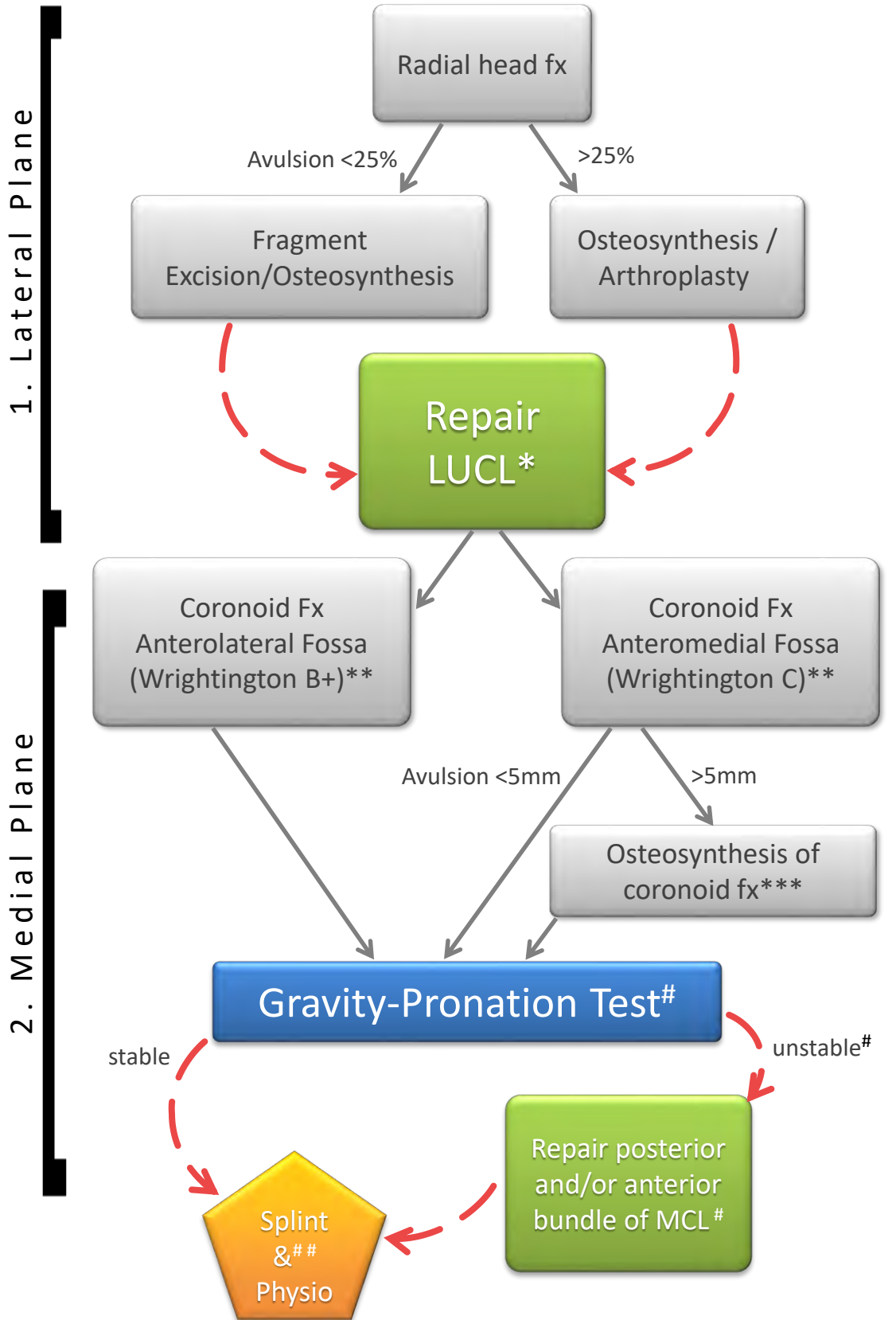
Testing stability in valgus-supination
in complete extension and 30° flexion

stable

unstable >10°

Repair MCL

Fracture-Dislocation

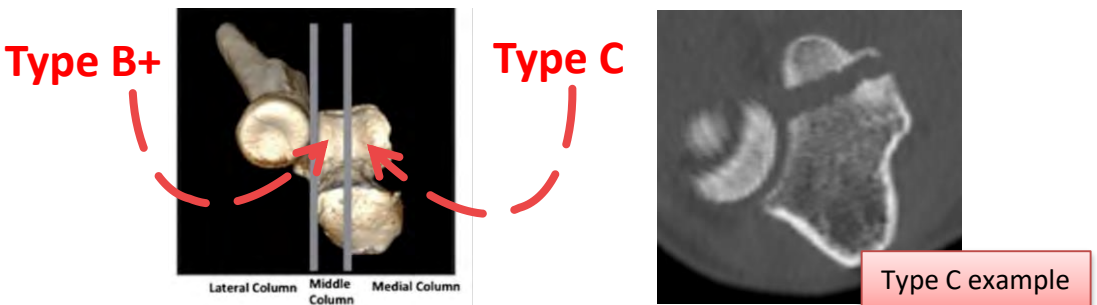


Treatment Guidelines

* LUCL Repair through Kocher approach



** Wrightington Classification



*** Coronoid osteosynthesis through Hotchkiss approach

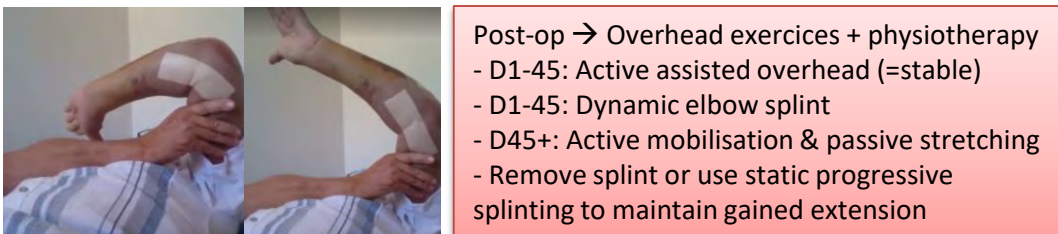


- Coronoid buttress plate through Hotchkiss approach
- Anatomic placement of suture anchors

Gravity-Pronation Test + MCL repair if needed



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



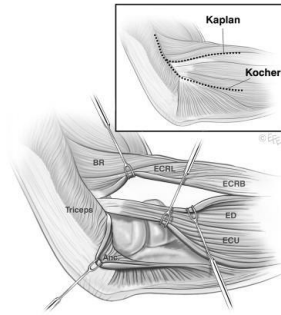
Top 3 Pitfalls



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



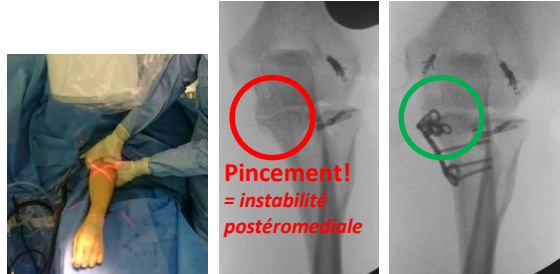
Kocher approach



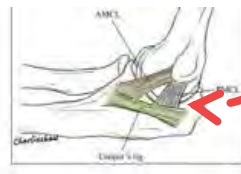
2. Repair
anterior +/-
posterior
bundles of MCL
(pMCL) if
posteromedial
instability in
varus-pronation



Gravity-Pronation Test



Transpose ulnar nerve
for repairing pMCL



3. Coronoid
congruency if
anteromedial
fragment



Hotchkiss approach
+/- buttress plate

