

Date Finalized: March 2024

### **Epicondyle Fracture: Postoperative Management Clinical Pathways Synopsis**

#### **Epicondyle Fracture: Postoperative Management Algorithm**

#### Inclusion criteria:

 Otherwise healthy children > 8 years of age

#### **Exclusion criteria:**

- · Child with:
  - Medial epicondyle fracture with distal humerus fracture
  - Comorbidities, social or behavioral concerns for which atypical therapy plan is anticipated





- · Immobilize at 90 degrees elbow flexion · Up to 2 weeks of immobilization in posterior splint, cast, or hinged-elbow brace

Postoperative Care: Discharge Education/Follow-Up/Therapy Plan

#### **Discharge Education**

- · Immobilization must remain in place until first follow-up
- · Keep cast or splint clean and dry until seen for follow-up
- · Take pain medication only as directed
- · Provide HEP handout to family

#### Home Exercise Plan (HEP)

- · Begin the following exercises on day 1 after surgery, 2-3 times per day:
- · Open and close hand: 2 sets x 20 reps
- · Fingertip touches (working thumb to all fingers): 2 sets x 20 reps each
- · Shoulder blade squeeze: 2 sets x 20 reps holding 5 seconds each rep
- · Focus on healthy posture (sitting or standing up straight, shoulders back, feet flat on the floor)

#### Postoperative Follow-up

- Schedule initial follow up appointments (note both appointments should be scheduled at the same time to avoid delay in starting therapy):
- · Ortho Clinic visit for 2 weeks post-op
- PT & OT visit for 14-21 days post-op (immediately after ortho clinic visit)
- · If the surgeon elects to utilize a hinged elbow brace, provide hinged elbow brace upon discharge if available. Otherwise, order from hanger to be available at post-op therapy visit.
- Guidance for scheduling therapy visits:
  - Sports Physical Therapy or Occupational
  - · Consider referral to sports physical therapy for patients > 10 years of age who are involved in upper extremity dominant sports

#### Postoperative Therapy Progression

- Weeks 0 2, immobilization:
- Goal is to transition to hinged elbow brace or out of immobilization altogether by 2 weeks post-op
- Weeks 2 6, brace settings\*:
  - Open hinged elbow brace at discretion of therapist
- Hinged elbow brace X 6 weeks
- \* If patient is not meeting range of motion (ROM) targets, notify surgeon

#### **General Expectations**

- · Therapy frequency and duration of care is typically 1-2 times/week for 8-12 weeks based on patient goals, progress, and clinician judgment
- Return to activity varies based on therapy progression
- Goal is full active ROM at 6 weeks

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#### **Objective of Clinical Pathway**

To provide follow-up care standards for patients requiring open reduction and internal fixation (ORIF) repair of medial epicondyle fractures. The Epicondyle Fracture Clinical Pathway provides guidance regarding initiation of rehabilitative therapy to enhance recovery and minimize variation of care.

#### **Background**

Medial epicondyle fractures account for 12-20% of all pediatric and adolescent elbow fractures (Pathy & Dodwell, 2015; Pezzutti et al., 2020). Despite the common occurrence of such fractures, optimal medical management and rehabilitation strategies are not well established (Pezzutti et al., 2020). Patients may be managed with immobilization alone, or surgical intervention followed by a period of immobilization (Hughes et al., 2019). In either case, prolonged immobilization may lead to chronic pain, joint stiffness, muscle atrophy, or more severe complications (Boyd et al., 2009). Due to the lack of clear guidance for the management of these patients and the potential for long-term complications, this pathway was developed to provide recommendations for rehabilitation and progression following surgical repair.

#### **Target Users**

- Orthopaedic Surgery Practitioners (Physicians, Fellows, Residents, Nurse Practitioners)
- Physical Therapists / Occupational Therapists (PT/OT)
- Perioperative Nurses

#### **Target Population**

#### Inclusion Criteria

Otherwise healthy children ≥ 8 years of age

#### **Exclusion Criteria**

- · Child with:
  - o Medial epicondyle fracture with distal humerus fracture
  - o Comorbidities, social or behavioral concerns for which atypical therapy plan is anticipated

#### **Practice Recommendations**

Practice recommendations are based on consensus among providers with knowledge of the existing evidence and expertise in the surgical and post-operative management of patients with medial epicondyle fractures.

#### **Additional Questions Posed by the Clinical Pathway Committee**

No clinical questions were posed for this review.

#### **Value Implications**

The following improvements may increase value by reducing healthcare costs and non-monetary costs (e.g., missed school/work, loss of wages, stress) for patients and families while reducing costs and resource utilization for healthcare facilities:

- Decreased unwarranted variation in care
- Decreased frequency of complications associated with delayed follow-up

#### **Organizational Barriers and Facilitators**

#### Potential Barriers

• Variability of acceptable level of risk among providers

#### Potential Facilitators

Collaborative engagement across care continuum settings during clinical pathway development

#### **Power Plans**

No power plans are associated with this pathway

#### **Policies**

No policies are associated with this pathway

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#### **Clinical Pathway Preparation**

This pathway was prepared by the Evidence Based Practice (EBP) Department in collaboration with content experts from the departments of Orthopaedic Surgery and Sports Physical Therapy at Children's Mercy Kansas City. The development of this pathway supports the Quality Excellence and Safety Division's initiative to promote care standardization that is evidenced by measured outcomes. If a conflict of interest is identified, the conflict will be disclosed next to the committee member's name.

#### **Clinical Pathway Committee Members and Representation**

- Kevin Latz, MD, MBA | Orthopaedic Surgery | Co-Committee Chair
- Lisa Berglund, MD | Orthopaedic Surgery | Committee Member
- Ryan Koehler, MD, MS | Orthopaedic Surgery | Committee Member
- Jason Yoder, PT, DPT | Sports Physical Therapy | Co-Committee Chair
- Andrew Melanson, PT, DPT, CSCS | Sports Physical Therapy | Committee Member

#### **EBP Committee Members**

- Todd Glenski, MD, MSHA, FASA | Anesthesiology, Evidence Based Practice
- Kori Hess, PharmD | Evidence Based Practice

#### **Clinical Pathway Development Funding**

The development of this clinical pathway was underwritten by the following departments/divisions: Orthopaedic Surgery, Sports Medicine PT/OT, and Evidence Based Practice.

#### **Conflict of Interest**

The contributors to the Epicondyle Fracture Clinical Pathway have no conflicts of interest to disclose related to the subject matter or materials discussed.

#### **Approval Process**

- This clinical pathway was reviewed and approved by the content experts from related departments/divisions, and the EBP Department.
- Pathways are reviewed and updated as necessary every 3 years within the EBP Department at CMKC. Content expert teams are involved with every review and update.

**Review Requested** 

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Department/Unit	Date Obtained	
Orthopaedic Surgery	March 2024	
Physical and Occupational Therapy	March 2024	
Evidence Based Practice	March 2024	

#### Version History

Date	Comments
March 2024	Version one (developed new algorithm and synopsis)

#### **Date for Next Review**

March 2027

#### **Implementation & Follow-Up**

- Once approved, the pathway was presented to appropriate care teams and implemented. Care measurements will be assessed and shared with appropriate care teams to determine if changes need to occur.
- Additional announcements were made via email and relevant huddles.
- Metrics will be assessed and shared with appropriate care teams to determine if changes need to occur.

#### Disclaimer

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When evidence is lacking or inconclusive, options in care are provided in the supporting documents and the power plan(s) that accompany the clinical pathway.

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