

# Poly trauma and post immobilisation stiffness

## Clinical images

A 18 year old college student, met with RTA, on 25-02-2017, was admitted in Sagar Hospital, had polytrauma after the accident, complains of right comminute of distal Humerus, right distal end Radius fracture, right lower end of Femur shaft fracture, right wrist drop due to radial nerve cut as a result of distal Radius fracture. She underwent Debridement +ORIF with LCP for right distal Humerus, CRIF with K-wire fixation for right distal end Radius, CRIF with interlocking nail Femur shaft on 25-02-2017. Exploration+ Reversal Sural nerve grafting for radial nerve injury right elbow was done on 01/03/2017 (Figure).

After two months of immobilization by cuff and collar and plaster slab, the patient came to The Oxford College Physiotherapy OPD, ON 06/04/2017. She was examined with restricted ROM mid range between 30-60 in right elbow flexion extension movement, and also unable to extend the wrist due to wrist drop, and had been advised with dynamic cock-up splint for the same. She is undergoing physical therapy management in Oxford College OPD, which includes passive mobilization progressing to active mobilization exercises to wrist and elbow, progressive strengthening exercises for hip and knee

musculature, and Gait training with the use of parallel bar for a period of 3 weeks.

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## Conflict of interest

The author declares no conflict of interest.

