

## PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: ( LEFT / RIGHT ) \_\_\_\_\_

DATE OF SURGERY: \_\_\_\_\_

### ELBOW FRACTURE PHYSICAL THERAPY PRESCRIPTION

\_\_\_ Range of motion (Active, Active Assisted, Passive) LIMITS: Yes/No  
LIMITS: Flex \_\_\_\_\_ Ex \_\_\_\_\_ Pro \_\_\_\_\_ Supination \_\_\_\_\_

\_\_\_ Brace: Yes/No Settings/Timeline \_\_\_\_\_

\_\_\_ Passive stretching Wrist Extensors and Flexors  
Begin with Elbow flexed  
Progress to stretching with Elbow in extension

\_\_\_ Strengthening: Begin if range of motion is near full: Biceps, Triceps, Wrist Flexors, Wrist Extensors,  
Resisted pronation and supination. Can begin with Isometric exercises then progress to  
concentric and eccentric exercise as tolerated.

\_\_\_ Ice before and after rehab exercises

\_\_\_ Modalities (stim. lonto, US)

•• Please send progress notes.

Treatment: \_\_\_\_\_ times per week      Duration: \_\_\_\_\_ weeks      \_\_\_ Home Program

Physician's Signature: \_\_\_\_\_      Date: \_\_\_\_\_