

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Elbow fracture/dislocation Code: S53.105

Procedure: ORIF of elbow fracture/dislocation Surgery Date: _____

Instructions:

Range of motion:

- Splint immobilization for 1-2 weeks post-operatively.
- Then begin supine, active flexion and extension exercises.
- No extension past 30° for the first four weeks post-operatively.
- Goal is to regain 15 degrees of both flexion and extension each week.
- Please perform all flexion/extension exercises with the arm in neutral rotation until six weeks.
- Please perform all flexion/extension exercises with the shoulder in full adduction (i.e. with the arm at the side) to avoid placing a varus or valgus force across the elbow.
- Please perform all forearm rotation exercises with the elbow at 90° of flexion or greater.
- Incorporate range of motion of the wrist and hand for motion maintenance and edema reduction.
- Ok to begin dynamic splinting at six weeks post-operatively if deficits remain.
- Starting at six weeks post-operatively, ok to incorporate extension splinting at night.

Strengthening:

- Please begin combined flexion/extension isometrics with the elbow at 90° of flexion and the forearm in neutral rotation immediately to avoid gapping at the ulnohumeral joint.
- Otherwise, do not begin strengthening until three months post-operatively.
- Begin with isometrics in mid flexion before progressing to bands and then to weights.
- Focus on restoring wrist extensor strength first.

Limitations:

- No strengthening until three months post-operatively.
- No passive range of motion until six weeks post-operatively.
- No extension past 30° for the first four weeks post-operatively.

Heat before and ice after. Please incorporate a compression sleeve.

Modalities

Electrical Stimulation Iontophoresis

Heat Ice Massage Per therapist

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____