

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Distal Humerus Fracture Code: S42.409

Procedure: Distal Humerus Open Reduction and Internal Fixation Surgery Date: _____

Instructions:

Range of motion:

- Please begin active and active-assist elbow flexion and gravity-assisted extension on the second day after surgery, with a goal of full, unrestricted motion at 6 weeks post-operatively.
- Please provide with a home exercise program for elbow flexion and extension.

Strengthening:

- Please begin grip strengthening immediately.
- No elbow flexion/extension or forearm pronation/supination strengthening until eight weeks.

Limitations:

- No passive range of motion.
- No active elbow extension for the first six weeks post-operatively.
- Please perform all elbow flexion and extension exercises in shoulder adduction, **not** shoulder abduction to avoid applying varus or valgus stress across the repair.

Modalities:

- Heat, massage, and pain medications before exercises and ice after.
- Other modalities per therapist's preference.

Frequency: 3 times/week

Duration: 6 Weeks

Signature: _____ Date: _____