

**Physical/Occupational Therapy Prescription**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: Olecranon fracture Code: S52.009

Procedure: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Instructions:

Range of motion:

- Splint immobilization for the first two weeks post-operatively.
- Please begin therapy and gentle elbow active and active-assisted flexion, pronation, and supination at two weeks.
- Gravity-assisted extension only for the first six weeks post-operatively.
- Please begin immediate range of motion of the shoulder, wrist, and hand.
- No immediate passive elbow range of motion, no immediate active elbow extension.
- The goal is to achieve full flexion, extension, pronation, and supination by six weeks.
- Progress to passive range of motion and active elbow extension at six weeks if motion deficits remain. Incorporate static progressive splinting at six weeks if motion deficits remain.

Strengthening:

- No strengthening until six weeks.
- At six weeks, please begin gentle strengthening of the elbow flexors and extensors.
- Avoid strengthening the wrist extensors and flexors more frequently than three times per week to avoid tendonitis.

Please provide with a home exercise program.

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**Modalities**

Electrical Stimulation     Iontophoresis

Heat                       Ice                       Massage                       Per therapist

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Frequency: 2-3 times/week                      Duration: 4-6 weeks

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_