

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Scapula Fracture Code: S42.109

Procedure: Open Reduction and Internal Fixation of Scapula Surgery Date: _____

Instructions

- Sling immobilization for one week
- Remove sling three times a day for elbow, wrist, and hand range of motion
- Immediately post-operatively begin range of motion progressing from pendulums to passive to active assisted to active range of motion with no specific restrictions.
- Five pound lifting limit for the first six weeks post-operatively.
- Begin strengthening at six weeks or once full range of motion is achieved, progressing from therabands to weights with a focus on isometrics and the rotator cuff and scapular stabilizers.

Modalities

Heat before and ice after therapy.

Frequency: 2-3 times/week Duration: 6 weeks, starting at 4 weeks post-operatively

Signature: _____ Date: _____