

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Ulnotrochlear chondral loss Code: M13.129

Procedure: Total elbow arthroplasty Surgery Date: _____

Instructions:

Range of motion:

- Immobilization for the first week post-operatively.
- Extension splinting at night between weeks 2 and 6 post-operatively.
- Begin range of motion exercises thereafter with passive and active-assisted range of motion for flexion, extension, supination, and pronation.
- No range of motion restrictions.
- Please incorporate hand and wrist range of motion and grip strengthening exercises.
- Notify Dr. Chalmers regarding any wound drainage beyond 10 days post-operatively.
- **Please provide the patient with a home exercise program for range of motion to be performed five times per day.**

Strengthening:

- Do not begin strengthening until six weeks post-operatively.
- Begin with gentle isometrics.
- Limit all lifting to <5 lbs.

Modalities

Heat Ice Massage Per therapist

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

Signature: _____ Date: _____