

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Elbow stiffness Code: M25.629

Procedure: Arthroscopic osteocapsular arthroplasty Surgery Date: _____

Instructions:

Range of motion:

- Begin gentle stretching on the day of surgery.
- Please educate the patient in active, active-assisted, and passive flexion, extension, supination, and pronation exercises, which are to be performed five times a day in a home exercise program. No motion restrictions.
- Please fabricate an extension splint for nocturnal use for the first four weeks post-operatively.
- Ok to incorporate weighted passive elbow extension over a bolster for 15 minutes 5 times/day.
- Ok to incorporate static progressive bracing/dynamic splinting at four weeks post-operatively if motion deficits remain.

Strengthening:

- Please begin immediate grip strengthening.
- Do not begin elbow or forearm strengthening until four weeks post-operatively.

Limitations:

- No restrictions on elbow range of motion.
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Modalities

Heat before therapy and ice after.

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

Signature: _____ Date: _____