

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.

Modalities

Electrical Stimulation Iontophoresis

Heat Ice Massage Per therapist

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

Signature: _____ Date: _____