

Physical Therapy Prescription

Name: _____ Date of Birth: _____
Diagnosis: Elbow Stiffness Code: M25.629
Procedure: Arthroscopic Elbow Release Surgery Date: _____

In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.

Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.

Phase I: Early ROM (0 to 4 weeks after surgery)

- Postop dressing remains in place for the first week
- If given a splint during the surgery, removed this 1 day post-operatively and leave dressing in place underneath
- Sutures will be removed after 10 to 14 days
- Initiate exercise program 5 times per day (after splint removed):
 - Aggressive passive and active elbow extension, flexion, pronation, supination
 - Grip and wrist/hand AROM immediately.
- No elbow range of motion restrictions

Phase II: Restore Function (> weeks after surgery)

- Discontinue night brace if applicable
- Progressive active and passive range of motion as tolerated
- Initiate gentle elbow and forearm strengthening

Modalities per Therapist
Freq: 1-3x/week
Duration: 8-12 weeks

Signature _____