

Physical Therapy Prescription



Name: _____ Date of Birth: _____

Diagnosis: Humerus Fracture Code: S42.3

Procedure: _____ 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: Protect Repair, Progress ROM (6 weeks)

- OK to remove dressing and leave incision open to air after 4 days. Leave any steri-strips (white pieces of tape over incision) in place until follow up
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Swelling reduction exercises
- Start immediate active and passive shoulder and elbow range of motion
- No lifting over 10 lbs. May weight bear through arm with a walker if necessary

PHASE II: Progressive ROM (6 + weeks)

- Continue to progress active and passive shoulder and elbow range of motion
- No lifting restrictions
- Progress scapular, shoulder, elbow strengthening exercises
- Simulate work/recreational activities as rotator cuff strength and endurance improve.

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature _____