

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: ELBOW _____

Right Left Bilateral

___ Range of motion (Active, Active Assisted, Passive),
Flex/ Ex/ Pro/ Supination

___ Passive stretching Wrist Extensors and Flexors
Begin with Elbow flexed
Progress to stretching with Elbow in extension

___ Strengthening: Begin if range of motion is near full: Biceps, Triceps, Wrist Flexors, Wrist Extensors,
Resisted pronation and supination. Can begin with Isometric exercises, then progress to
concentric and eccentric exercise as tolerated.

___ Ice before and after rehab exercises

___ Modalities (stim. Ionto, US)

___ Other: _____

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507