

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ **MRN:** _____

DIAGNOSIS: DISTAL TRICEPS RUPTURE

☐ Right ☐ Left ☐ Bilateral

SURGERY: DISTAL TRICEPS REPAIR

DATE OF SURGERY: _____

PHASE 1 - IMMOBILIZATION (WEEKS 0-1) → no therapy needed

No elbow motion. Elbow in postop splint

Free movement of fingers and hand

PHASE 2 – GENTLE STRETCHING (WEEKS 2-8)

Activity

- Nonweightbearing to operative extremity
- Brace worn at all times

Range of motion

- Elbow will be in hinged brace with flexion block based on intraoperative stability. Decrease flexion block by 5° per week, with goal of full motion by 8 weeks
- Passive elbow extension / active elbow flexion and active pronation / supination allowed
- No active elbow extension / passive elbow flexion until 8 weeks
- Free shoulder ROM with elbow supported

Strengthening exercises

- Biceps, scapular isometrics permitted

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PHASE 3 – STRENGTHENING (WEEKS 8 AND BEYOND)

Activity

- Wean from brace
- 5 lb weightbearing permitted, gradually increase as tolerated

ROM

- Initiate active extension
- If patient has significant ROM deficit in flexion, consult with surgeon

Strengthening

- Progressive biceps / triceps strengthening exercise, including pronation and supination
- Begin with bands, then light weights, then heavier weights
- Sport-specific rehab
- Progressive throwing program at 4 months
- Return to play 4-6 months

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