

PHYSICAL THERAPY PRESCRIPTION

Jeffrey Wong, MD

SCOS Orthopedic Specialists
18785 Brookhurst Street, Ste 100
Fountain Valley, CA 92708
(714) 500-5056 Phone
(949) 900-2116 Fax

DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: Elbow Posterolateral Rotatory Instability

Right Left Bilateral

SURGERY: elbow lateral ulnar collateral ligament repair / reconstruction

DATE OF SURGERY: _____

PHASE 1 – GENTLE STRETCHING (WEEKS 2-6)

Activity

- Nonweightbearing to operative extremity; may only WB for ADLs
- Avoid shoulder abduction x 6 weeks (stresses LUCL repair)
- Wear hinged elbow brace at all times when not doing therapy

Range of motion

- Full active elbow flexion / extension in pronation only x 3 wks, then allow flex / ext in neutral
- Full pronation and supination with elbow flexed 90 degrees

PHASE 2 – STRENGTHENING (WEEKS 6 AND BEYOND)

Activity

- Progressive WB at 6 wks, wean from brace

ROM

- Free elbow ROM permitted
- If patient has significant ROM deficit, consult with surgeon

Strengthening

- Progressive biceps / triceps strengthening exercise, including pronation and supination
- Begin with bands, then light weights, then heavier weights

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