

# 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: OLECRANON FRACTURE

Right  Left  Bilateral

SURGERY: OLECRANON ORIF

DATE OF SURGERY: \_\_\_\_\_

## PHASE 1 – GENTLE STRETCHING (WEEKS 2-6)

Activity

- Nonweightbearing to operative extremity

Range of motion

- Passive elbow extension / active elbow flexion and active pronation / supination allowed
- No active elbow extension until 6 weeks
- Free shoulder ROM with elbow supported

Strengthening exercises

- Biceps, scapular isometrics permitted
- Avoid triceps activity

## PHASE 2 – STRENGTHENING (WEEKS 6 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

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