

## Physical Therapy Prescription



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Diagnosis: Elbow Stiffness Code: M25.629  
Procedure: Arthroscopic Elbow Release Surgery Date: \_\_\_\_\_

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**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:**     **Early ROM** (*0 to 4 weeks after surgery*)

- Postop dressing remains in place for the first week
- If given a splint during the surgery, removed this 1 day post-operatively and leave dressing in place underneath
- Sutures will be removed after 10 to 14 days
- Initiate exercise program 5 times per day (after splint removed):
  - Aggressive passive and active elbow extension, flexion, pronation, supination
  - Grip and wrist/hand AROM immediately.
- No elbow range of motion restrictions

### **Phase II:**     **Restore Function** (*> weeks after surgery*)

- Discontinue night brace if applicable
- Progressive active and passive range of motion as tolerated
- Initiate gentle elbow and forearm strengthening

Modalities per Therapist

Freq: 1-3x/week

Duration: 8-12 weeks

Signature \_\_\_\_\_

Additional Resources found at [ChrisJoyceMD.com](http://ChrisJoyceMD.com)

Chris Joyce MD, 2022