

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: (LEFT/ RIGHT)

DATE _____

ELBOW PHYSICAL THERAPY PRESCRIPTION

___ Range of Motion (Active/ Active-Assisted/ Passive)
Flex/ Ex/ Pro/ Supination

___ Passive stretching Wrist Extensors
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

___ Isotonics for Plantar/ Dorsiflexion

___ Ice before and after rehab exercises

___ Modalities (stim. Lonto, US)

Treatment: _____ **times per week** **Duration** _____ **Weeks** _____ **Home Program**

**Please send progress notes.

Physician's

Signature: _____
Stephan J. Sweet, M.D., M.P.H.