## **Physical/Occupational Therapy Prescription**

Frequency: 2-3 times/week Duration: 4-6 weeks

Name:	Date of Birth:	
Diagnosis: Radial Head Fracture	Code:	S52.121
Procedure:	Surgery Da	te:
Instructions:		
<ul> <li>Range of motion: <ul> <li>Splint immobilization for the first week.</li> <li>Please begin gentle elbow active and active-assisted flexion</li> <li>Please begin immediate range of motion of the shoulder, writen and immediate passive elbow range of motion.</li> <li>Please delay pronation and supination exercises until 3 week at 90° of elbow flexion for the first six weeks.</li> <li>The goal is to achieve full flexion, extension, pronation, and</li> <li>Progress to passive range of motion at six weeks if motion de lncorporate static progressive splinting at six weeks if motion</li> </ul> </li> <li>Strengthening: <ul> <li>No strengthening until six weeks.</li> <li>At six weeks, please begin gentle strengthening of the elbow</li> <li>Avoid strengthening the wrist extensors and flexors more free avoid tendonitis.</li> </ul> </li> <li>Please provide a home exercise program.</li> </ul>	ist, and hand.  k post-operative supination by eficits remain.  n deficits remain.	vely and perform only vix weeks.  in.
Modalities		
Electrical Stimulation Iontophoresis		
_x Heat _x Ice _x Massage		Per therapist

Signature: \_\_\_\_\_\_Date: \_\_\_\_\_