

# PHYSICAL THERAPY PRESCRIPTION

Keck Medicine  
of USC

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PATIENT STICKER

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

DIAGNOSIS: (LEFT / RIGHT) \_\_\_\_\_

### ELBOW ARTHROSCOPY PHYSICAL THERAPY PRESCRIPTION

\_\_\_ Range of motion (Active, Active Assisted, Passive), LIMITS: Yes/No

LIMITS: Flex \_\_\_\_\_ Ex \_\_\_\_\_ Pro \_\_\_\_\_ Supination \_\_\_\_\_

\_\_\_ Brace: Yes/No    Settings/Timeline \_\_\_\_\_

\_\_\_ Passive stretching Wrist Extensors and Flexors

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.

\_\_\_ Ice before and after rehab exercises

\_\_\_ Modalities (stim. Ionto, US)

Treatment: \_\_\_\_\_ times per week    Duration: \_\_\_\_\_ weeks    \_\_\_ Home Program

\*\* Please send progress notes.

Physician's Signature: \_\_\_\_\_

Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, USC