

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DATE OF SURGERY: _____
DIAGNOSIS: (LEFT / RIGHT) DISTAL TRICIPES TENDON REPAIR

ELBOW PHYSICAL THERAPY PRESCRIPTION

Expected Rehab Timeline

0-2 weeks: splint
2-4 weeks: brace 0-70
4-6 weeks: brace 0-120
6-8 weeks unlock then D/C brace when comfortable
PT begins week 3 or 4.

___ Range of motion within limits (Active Assisted, Gentle Passive), unlimited AROM and gentle PROM past week 6. Flex/ Ex/ Pro/ Supination

___ More aggressive PROM past week 8 to restore full ROM

___ Strengthening: Begin if range of motion is near full: Biceps, Triceps, Wrist Flexors, Wrist Extensors, Resisted pronation and supination. Can begin with Isometric exercises at week 6-8, then progress to concentric and eccentric exercise as tolerated at week 12.

___ Ice before and after rehab exercises

___ Modalities (stim, US)

Treatment: _____ times per week **Duration:** _____ weeks ___ Home Program

** Please send progress notes.

Physician's Signature: _____

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