

## PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine  
of USC

PATIENT STICKER

DATE: \_\_\_\_\_

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

### ELBOW PHYSICAL THERAPY PRESCRIPTION

\_\_\_ Range of motion (Active, Active Assisted, Passive),  
Flex/ Ex/ Pro/ Supination

\_\_\_ 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 Petrigliano, MD, Attending Orthopaedic Surgeon, USC