PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS: (LEFT / RIGHT) DISTAL BICEPS TENDON REPAIR DATE OF SURGERY_____

ARGERS

ELBOW PHYSICAL THERAPY PRESCRIPTION

Expected Rehab Timeline 0-2 weeks: splint 2-4 weeks: brace 30-120 4-6 weeks: brace 10-120 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:_	
Ajay Gurbani, MD	