

# PHYSICAL THERAPY PRESCRIPTION

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

**DATE** \_\_\_\_\_

## ELBOW FRACTURE 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, UCLA**