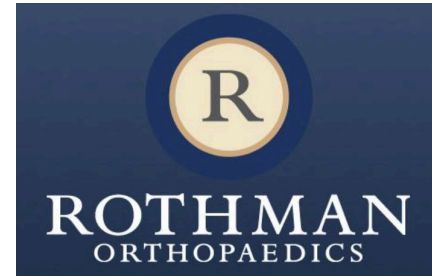


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Elbow Arthroscopy Physical Therapy Protocol/Prescription

Name _____

Diagnosis: s/p RIGHT/LEFT elbow arthroscopy debridement decompression loose body removal

Date of Surgery _____

Frequency: ____ times/week Duration: _____ Weeks

_____ Week 0-6 Early Motion

Goal: Improve/regain range of motion

Week 0: Start elbow range of motion to tolerance

Elbow & Wrist flexion/extension/supination/pronation

Grip Strength

Compression/Ice 4x daily.

Week 1: Range of motion ext/flex at least 10-110 degrees

Overpressure into extension

Joint mobilization to maintain ROM

Edema control

Nerve mobilizations

Cryotherapy

Week 2-6: ROM exercises to tolerance – progress to full ROM

Over pressure into extension

Continue joint mobilization

Bicep, tricep, wrist flex/ext, sup/pronators

Continue Cryotherapy

_____ Weeks 6-10 Intermediate

Continue to progress elbow ROM, emphasize full extension

Initiate strengthening exercises for

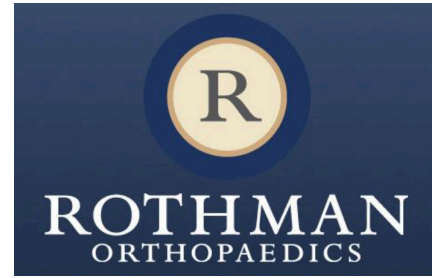
Wrist/Elbow extension-flexion

Forearm Supination-pronation

Initiate eccentric exercise program

Ok to begin gentle strengthening, but main focus should be motion

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____ Week 10+

Ok for full strengthening, begin throwing, continue ROM

Improve Strength, power, endurance

Initiate Interval program and gradually return to sporting activities.

Comments:

____ Functional Capacity Evaluation ____ Work Hardening/Work Conditioning X Teach HEP

Modalities

X Electric Stimulation ____ Ultrasound ____ Iontophoresis ____ Phonophoresis ____ TENS X
Heat before X Ice after ____ Trigger points massage X Therapist's discretion

Signature _____ Date _____