



Patient Name: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

\_\_\_\_\_ Evaluate and Treat

\_\_\_\_\_ Provide patient with home program

Frequency: \_\_\_\_\_ x/week x \_\_\_\_\_ weeks

\_\_\_\_\_ **Phase I: Immediate Motion Phase:**

• **Goals**

- Improve/regain of range of motion.
- Retard muscular atrophy.
- Decrease pain/inflammation.

• **Day**

- Range of motion to tolerance (elbow flexion/extension and supination/pronation).
- Often full elbow extension is not capable due to pain.
- Gentle overpressure into extension.
- Wrist flex/ext exercises.
- Gripping exercises with putty.
- Isometrics for wrist/elbow.
- Compression/ice 4-5 times daily.

• **Day 5-10**

- Range of motion ext/flex (at least 20-90).
- Overpressure into extension (4-5 times daily).
- Joint mobilization to re-establish ROM.
- Continue isometrics and gripping exercises.
- Continue use of ice.

• **Day 11-14**

- ROM exercises to tolerance (at least 10-100).
- Overpressure into extension (3-4 times daily).
- Continue joint mobilization techniques.
- Initiate light dumbbell program (PREs).
- Biceps, triceps, wrist flex/ext, sup/pronators.
- Continue use of ice post-exercise.

## Phase II: Intermediate Phase

### • Goals

- Increase range of motion.
- Improve strength/power/endurance.
- Initiate functional activities.

### • Weeks 3 to 4

- Full ROM exercises (4-5 times daily).
- Overpressure into elbow extension.
- Continue PRE program for elbow and wrist musculature.
- Initiate shoulder program (Thrower's Ten Shoulder Program).
- Continue joint mobilization.
- Continue use of ice post-exercise.

### • Weeks 4 to 7

- Continue all exercises listed above.
- Initiate light upper body program.
- Continue use of ice post-exercise.

## Phase III: Advanced Strengthening Program

### • Goals

- Improve strength/power/endurance.
- Gradual return to functional activities.

### • Criteria to Enter Phase III

- Full non-painful ROM.
- No pain or tenderness.

### • Weeks 8 to 12

- Continue PRE program for elbow and wrist.
- Continue shoulder program.
- Continue stretching for elbow/shoulder.
- Initiate Interval program and gradually return to sporting activities.

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

This patient \_\_\_\_\_ would \_\_\_\_\_ would not benefit from social services.

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_