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**ELBOW ARTHROSCOPY**  
**POST-OPERATIVE THERAPY PRESCRIPTION:**

**Patient Name:** \_\_\_\_\_  
**Surgery:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Site:** R L  
**Frequency:** \_\_\_\_\_ per week, for \_\_\_\_\_ weeks

**MODALITIES:**

- Modalities as needed
- Iontophoresis
- Phonophoresis
- Ultrasound
- Contrast Baths
- Parafin
- Soft Tissue Manipulation
- Sensory Re-education & Desensitization
- Cold Pack
- Moist Heat
- Massage
- NMES
- TENS
- Whirlpool
- Scar Management
- \_\_\_\_\_

**EDEMA CONTROL:**

- Edema Control Techniques
- Coban
- Finger Sleeves / Compression Stockings
- Jobst Sleeve
- Elastic Wrap
- Isotoner
- \_\_\_\_\_

**EXERCISE PROTOCOL:**

- Immediate Elbow Motion & Forearm Rotation
  - AAROM (Limits: \_\_\_\_\_)
  - PROM (Limits: \_\_\_\_\_)
  - Progress to AROM as tolerated @ 1 week
- Wrist / Digital & Shoulder ROM
- ADL's
- Coordination & Proprioceptive Training
- Isometric Forearm Exercises @ 2 weeks
- Grip Strengthening, Resistive Wrist Curls @ 2 weeks
- Progress to Formal Strengthening Program @ 3 weeks
- Resume Normal Activity b/w 6-12 weeks
- Return to Sport Specific Training @ 12 weeks
- Upper Extremity Strengthening / Endurance
  - Home Rehabilitation Program
  - Stretching / Flexibility
  - Periscapular Strengthening
  - Rotator Cuff Isometrics
  - Pericervical Muscle Strengthening
- No Impact Loading or Throwing Until Directed
- \_\_\_\_\_

*Please send progress notes.*

**Physician's Signature:** \_\_\_\_\_  
(I have medically prescribed the above treatments)

**Michael S. Day, MD**