



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Olecranon Fracture **Code:** S52.022A

Procedure: ORIF Olecranon

Surgery Date:

Instructions: PT to eval and treat . Begin PT after _____

Range of motion:

Splint immobilization until two weeks post-operatively.

After 2 weeks begin AROM/AAROM of the elbow.

Immediate range of motion of the shoulder, wrist, hand.

The goal is to achieve full flexion extension pronation and supination by 6 weeks from date of surgery.

Avoid resisted extension until 6 weeks post op.

Progressive the passive range of motion at 6 weeks of motion deficits remain.

Incorporate static progressive splinting at 6 weeks of motion deficits remain.

Strengthening: Begin forearm and arm strengthening at 6 weeks. Strengthening as tolerated. Provide with home exercise program. Encourage range of motion exercises to be done 3 times a day.

Modalities: Heat before and ice after therapy. Massage prn

Frequency: 2-3 times/week

Duration: 6 weeks

Signature:

Date: