



**Physical/Occupational Therapy Prescription**

**Name:**

**Date of Birth:**

**Diagnosis:** Radial Head fracture

**Code:** S52.121

**Procedure:** None

**Date of injury:**

**Instructions:**

**Range of motion:**

Please begin gentle elbow active and active-assisted flexion and extension.

Please begin immediate range of motion of the shoulder, wrist, and hand.

No immediate passive elbow range of motion.

Please only perform pronation and supination exercises at 90° of elbow flexion for the until six weeks from date of injury.

The goal is to achieve full flexion, extension, pronation, and supination by six weeks from date of injury

Progress to passive range of motion at six weeks if motion deficits remain.

Incorporate static progressive splinting at six weeks if motion deficits remain.

**Strengthening:**

Begin strengthening at six weeks.

Provide with Home Exercise program.

**Modalities:** Heat before and ice after therapy. Massage prn

**Frequency:** 2-3 times/week

**Duration:** 6 weeks

**Signature:**

**Date:**

---

**DANIEL C. ACEVEDO, MD FAAOS**

23502 LYONS AVE #202A, VALENCIA, CA 91321 PH. 818-788-0101x4451 FAX 818-788-4158

18840 VENTURA BLVD #204, TARZANA, CA 91356 PH. 818-708-3333 FAX 818-708-9643

16530 VENTURA BLVD #100, ENCINO, CA 91436 PH. 818-788-0101 FAX 818-855-2493