



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: