

Hands-on-Care



Specializing in Shoulder, Elbow, Wrist and Hand Therapy

Upper Extremity Prescription

Evaluate and Treat

Early Motion Protocol for Elbow Injuries Starting 1-3 Days



| | | | | |
|------------------------------------|--|--|---|---|
| Ligament Repair | <input type="checkbox"/> Medial Collateral | Day Splint Night Splint | Supination/ Flexion Limit Extension to : <input type="checkbox"/> -60° <input type="checkbox"/> - 45° | <input type="checkbox"/> Intraoperative ROM: _____ |
| | <input type="checkbox"/> Lateral Collateral | Day Splint Night Splint | Pronation/ Flexion Pronation /Extension splint | <input type="checkbox"/> Intraoperative ROM: _____ |
| | <input type="checkbox"/> Combined Tear | Day Splint Night Splint | Neutral /Flexion Limit Extension to: <input type="checkbox"/> -60° <input type="checkbox"/> - 45° | <input type="checkbox"/> Intraoperative ROM: _____ <input type="checkbox"/> Overhead Protocol |
| Fractures | Distal Humerus | Day Splint Night Splint | 90° Flexion Static Extension splint | |
| | <input type="checkbox"/> ORIF – Triceps Split | Gravity Assisted Extension, AA Flexion | | |
| | <input type="checkbox"/> ORIF – Triceps Spared | Active Extension, AA Flexion | | |
| | <input type="checkbox"/> Radial Head Fracture | <input type="checkbox"/> LUCL Protocol | | |
| | | <input type="checkbox"/> MCL Protocol | | |
| <input type="checkbox"/> Olecranon | ORIF ORIF | <input type="checkbox"/> Triceps Splitting Technique Protocol | | |
| | | <input type="checkbox"/> Triceps Spared Technique Protocol | | |
| <input type="checkbox"/> Coronoid | <input type="checkbox"/> MCL Protocol | | | |
| Dislocation | <input type="checkbox"/> Simple | Day Splint Night Splint | 90° Flexion Static Extension splint | Overhead Protocol |
| | <input type="checkbox"/> Complex | Day Splint Night Splint | Supination/ Flexion Limit Extension to : <input type="checkbox"/> -60° <input type="checkbox"/> - 45° <input type="checkbox"/> Sag Sign <input type="checkbox"/> Wedge Sign | <input type="checkbox"/> Intraoperative ROM: _____ <input type="checkbox"/> Overhead Protocol <input type="checkbox"/> Isometric Protocol |
| Tendon Repair | <input type="checkbox"/> Biceps | Day and Night Splint in 90° Flexion At 90° Elbow: | | Passive Flexion Active Extension Passive Supination Active Pronation |

Physician Signature

Physician

Date