

# PHYSICAL THERAPY PRESCRIPTION

**JOEL WEBER, MD**

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE  
EVERGREEN HEALTH  
360.794.3300 APPT  
360.794.6610 FAX



PATIENT STICKER

**DIAGNOSIS:**

**DATE** \_\_\_\_\_

## ELBOW FRACTURE PHYSICAL THERAPY PRESCRIPTION

\_\_\_ Range of motion and stretching (Active, Active Assisted, Passive)  
Flex/ Ex/ Pro/ Supination

\*\*\*Please teach home stretching program that should be done daily to prevent persistent stiffness

\_\_\_ Strengthening. Begin once cleared to WBAT based on fracture healing. Begin with Isometric exercises, then progress to concentric/eccentric exercise

\_\_\_ Modalities (stim. Ionto, US)

**Treatment:** \_\_\_\_\_ **times per week**    **Duration:** \_\_\_\_\_ **weeks**    \_\_\_ **Home Program**

\*\* Please send progress notes.

**Physician's Signature:** \_\_\_\_\_

**Joel Weber, MD, Orthopaedic Surgeon**