

# Physical Therapy Prescription

**Jesse Kaplan, MD / MBA**  
 Hand and Upper Extremity Surgery  
 101 The City Drive South  
 Pavilion III, Building 29A  
 Orange, CA 92868  
 Phone: 714-456-7012  
[www.jessekaplanmd.com](http://www.jessekaplanmd.com)



## Simple Elbow Dislocations

Date of Injury:

Side:  Right  Left

Phase	Goals	Precautions	Exercises
<b>Phase 1:</b>  <b>Weeks 0 - 3</b>	Edema Pain control Protect repair Early protected ROM	Static splint in >90 degrees flexion + pronation OK to remove for shower and exercises	<b>Exercises supine with arm over body:</b> AAROM/AROM flexion/extension in pronation AAROM pronation/supination  Triceps and brachialis isometric exercises in splint
<b>Phase 2:</b>  <b>Weeks 4 - 6</b>	Protect repair Restore ROM	DC Splint <b>Avoid extension + supination together</b> <b>Avoid varus stress</b>	AAROM/AROM elbow ROM (sit or stand) Forearm ROM at 90 degrees elbow flexion Edema control Wrist/grip strengthening
<b>Phase 3:</b>  <b>Weeks 7 - 12</b>	ROM Increase strength and endurance	Avoid internal rotation + abduction	Joint mobilization/capsular stretching Isometric progressing to resistive exercises Return to activities

Treatment:  1-2  2-3 times per week for \_\_\_ weeks.  Home Program

Modalities PRN (Ultrasound/ Phonophoresis/E-stim/Ice/Heat)

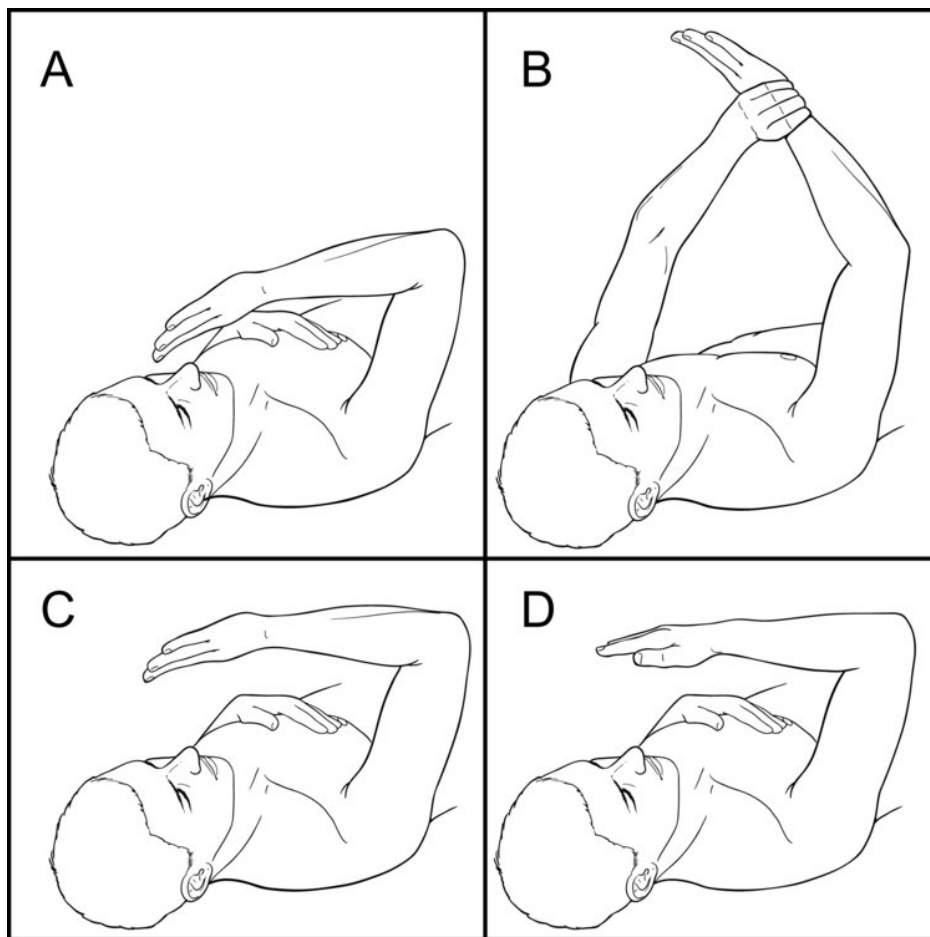
Physician's Signature: \_\_\_\_\_

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## Elbow Supine ROM Exercises

Overhead position of safety:

- Supine with patient laying down comfortably
- Shoulder flexion 90 degrees, adducted to body, neutral to external rotation. Eliminate varus and distraction forces. Try not to let arm cross midline
- Hold elbow in 90 degrees or more of flexion and maintain pronation during flexion and extension exercises. Flexion/extension as tolerated not to exceed 30 degrees
- Pronation/supination at > 90 degrees elbow flexion
- 10- 15 times every 2-3 hours at home



**A.** Elbow Flexion. **B.** Elbow Extension. **C.** Pronation. **D.** Supination

Resources:

1. Wolfe AL and Hotchkiss RN. Lateral Elbow Instability: Nonoperative, Operative, and Postoperative Management. *J Hand Ther* 2006; 19(2):238-43.
2. Szekers M, Chinchalkar S, King GJW. Optimizing Elbow Rehabilitation After Instability. *Hand Clin* 2008; 24: 27-38.