PHYSICAL THERAPY ORDERS: SHOULDER & ELBOW SERVICE

PHISICAL INERAPT ORD	JERS: SHOULDER & ELBOW SERVICE
DIAGNOSIS 2 weeks S/P Total Elbow Arthro	oplasty Right/Left
	orkful of food, hairbrush, etc.; avoid sideways forces on the elbow joint;
no resisted elbow flexion or extension	; no pushing or pulling
POST-OP INSTRUCTIONS:	STRENGTHENING:
☐ Continuous Passive Motion (CPM)	☐ Rotator Cuff (ER, IR, ABD)
☐ Exercises in Plane of Scapula Only	☐ External Rotators
☐ Pulley and Instruction	☐ Internal Rotators
Sling when arm at risk	☐ Abductors
☐ Sling or brace at all times	☐ Flexors
⊠ Elbow range of motion	☐ Extensors
	☐ Scapular Stabilizers
AAROM: Forward Elevation to°	☐ Shoulder Shrugs
AAROM: External Rotation to °	☐ Rhomboid Pinch
AAROM: Internal Rotation: up back	☐ Lat Pull-downs
AAROM: Int. Rotation: in abduction	☐ Forward Punch
☐ AAROM: Cross-Body Adduction	☐ Internal Rotators
☐ Isometric Ext. Rotator Strengthening	☐ Bench Press
☐ Isometric Int. Rotator Strengthening	☐ Bench Press Plus
☐ Isometric Abductor Strengthening	☐ Lat Pull-downs
☐ Graph progress on wall charts	Prog. two hand supine bench press
☐ Provide patient with written copy of	☐ Biceps: Curls/Supination
home exercise program	Rowing
	□ Nordic Track
	☐ Swimming
STRETCHING:	
☐ Four Quadrant (FE, ER, IR, CBA)	Additional Instructions:
☐ Forward Elevation	
□ External Rotation	
☐ Internal Rotation: up back	
☐ Internal Rotation: in abduction	
☐ Cross-Body Adduction	[
☐ Elbow (Flex, Ext, Pron, Sup)	
	One Visit: Home Program Instruction
☐ Lateral Epicondylitis Program	visit/week forweeks
PHYSICIAN SIGNATURE PRINT NAME	PAGER UPIN DATE TIME
PRINT NAME	PAGER OPIN DATE TIME
PT.NO UW Medicine Harborview Medical Center – UW Medical Center University of Washington Physicians	
	Seattle, Washington
NAME	PHYSICAL THERAPY ORDERS
	U1041
DOB	*U1041* WHITE - MEDICAL RECORD *U1041* CANARY – PHYSICAL THERAPY
	UH1041 REV JAN 06 PINK - NURSING L