PHYSICAL THERAPY ORDERS: SHOULDER & ELBOW SERVICE

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DIAGNOSIS 6 weeks S/P Total Elbow Arthro	pplasty Right/Left
PRECAUTIONS No pushing or pulling for 12 we	eeks post operation (and only lightweight after that)
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 PRN	☐ 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)	
Medial Epicondylitis Program	One Visit: Home Program Instruction
Lateral Epicondylitis Program	visit/week forweeks
PHYSICIAN SIGNATURE PRINT NAME	PAGER UPIN DATE TIME
PT.NO	UW Medicine Harborview Medical Center – UW Medical Center University of Washington Physicians Seattle, Washington
NAME	PHYSICAL THERAPY ORDERS
DOB	*U1041* *U1041* *U1041* WHITE - MEDICAL RECORD CANARY - PHYSICAL THERAPY PINK - NURSING