	DERS: SHOULDER & ELBOW SERVICE
DIAGNOSIS S/P Total Elbow Arthroplasty	Right/Left
PRECAUTIONS no lifting of anything heavier than a f	orkful of food, hairbrush, etc.; avoid sideways forces on the elbow joint;
no resisted elbow flexion or extension	i; 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 POD2	☐ 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
	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)	
☐ Forward Elevation	
External Rotation	1) POD0 - Encourage active finger, hand,
☐ Internal Rotation: up back	and wrist range of motion.
☐ Internal Rotation: in abduction	2) POD1 - Shoulder elevation.
☐ Cross-Body Adduction	3) POD2 - Elbow flexion, extension,
☐ Elbow (Flex, Ext, Pron, Sup)	pronation and supination
	One Visit: Home Program Instruction
Lateral Epicondylitis Program	visit/week forweeks
PHYSICIAN SIGNATURE PRINT NAME	PAGER UPIN DATE TIME
THIS IS NOT A STORY OF THE STOR	I NOEK OF III
PT.NO	UW Medicine Harborview Medical Center – UW Medical Center University of Washington Physicians Seattle, Washington
NAME	PHYSICAL THERAPY ORDERS
DOB	*U1041* WHITE - MEDICAL RECORD CANARY – PHYSICAL THERAPY
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