## PHYSICAL THERAPY ORDERS: SHOULDER & ELBOW SERVICE

PRECAUTIONS       No resisted internal motion, pushing, pulling, or heavy lifting         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         Grip strengthening       Scapular Stabilizers         AAROM: Forward Elevation to	
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         Grip strengthening       Scapular Stabilizers         AAROM: Forward Elevation to140 °       Shoulder Shrugs         AAROM: Forward Elevation to • Varies (usual 40°)       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       Bench Press Plus         Isometric Abductor Strengthening       Biceps: Curls/Supination         More exercise program       Rowing         Nordic Track       Swimming         STRETCHING:       Water Exercises         Forward Elevation       1) Instruct in axillary hygiene to avoid         External Rotation       1) Instruct in axillary hygiene to avoid	
<ul> <li>Four Quadrant (FE, ER, IR, CBA)</li> <li>Forward Elevation</li> <li>External Rotation</li> <li>Internal Rotation: up back</li> </ul>	
Cross-Body Adduction       shoulder external rotators on post-op day 1         Elbow (Flex, Ext, Pron, Sup)       One Visit: Home Program Instruction         Lateral Epicondylitis Program       one Visit/week for weeks	
PHYSICIAN SIGNATURE PRINT NAME PAGER UPIN DATE TIME	
PT.NO UW Medicine Harborview Medical Center – UW Medical Center University of Washington Physicians Seattle, Washington PHYSICAL THERAPY ORDERS	F E F
NAME *U1041* WHITE - MEDICAL RECORD CANARY - PHYSICAL THERAI	NPY V