



Jozef Murar, M.D.

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OPEN REDUCTION & INTERNAL FIXATION DISTAL HUMERUS ELBOW FRACTURE
POST-OPERATIVE THERAPY PRESCRIPTION:

Patient Name: _____
Surgery: _____

Date: _____ **Site:** R L
Frequency: _____ per week, for _____ weeks

MODALITIES:

- Modalities as needed
- Iontophoresis
- Phonophoresis
- Ultrasound
- Contrast Baths
- Parafin
- Soft Tissue Manipulation
- Sensory Re-education & Desensitization
- Cold Pack
- Moist Heat
- Massage
- NMES
- TENS
- Whirlpool
- Scar/Wound Management
- _____

EDEMA CONTROL:

- Edema Control Techniques
- Coban
- Finger Sleeves / Compression Stockings
- Jobst Sleeve
- Tubigrip Elastic Sleeve
- Isotoner
- _____

SPECIAL:

- Elbow CPM
 - Home ROM Program
 - Terminal Flex/Ext Stretching

EXERCISE PROTOCOL:

- Immediate Elbow Motion & Forearm Rotation
 - AAROM (Limits: _____)
 - Gentle PROM (Limits: _____)
 - Progress to AROM as tolerated
 - Restrictions: _____
- No Resistive or Passive Stretching for 6 wks (risk HO)
- Wrist / Digital & Shoulder ROM
- Isometric Forearm Exercises @ 2 weeks
- Grip Strengthening, Resistive Wrist Curls @ 4 weeks
- Progress to Formal Strengthening Program @ 8 weeks
- ADL's
- Coordination & Proprioceptive Training
- Upper Extremity Strengthening / Endurance @ 12 wks
 - Home Rehabilitation Program
 - Stretching / Flexibility
 - Periscapular Strengthening
 - Rotator Cuff Isometrics
 - Pericervical Muscle Strengthening
- Splinting:
 - Night-time extension splinting PRN @ 6 wks
- Mayo Elbow Brace:
 - Protection while ambulating outside (1st 3 wks)
 - To assist w/ passive extension stretching @ 6 wks
- Early Home ROM Stretching Program
 - Supine gravity assisted elbow flexion
 - Seated patient assisted elbow extension
- _____

Please send progress notes.

Physician's Signature: _____
(I have medically prescribed the above treatments)

Jozef Murar, MD
Orthopaedic Surgeon
Fellowship Trained in Sports Medicine & Surgery of the Shoulder