



**Physical/Occupational Therapy Prescription**

**Name:**

**Date of Birth:**

**Diagnosis:** Olecranon Fracture **Code:** S52.022A

**Procedure:** ORIF Olecranon

**Surgery Date:**

**Instructions:** PT to eval and treat. Begin PT after \_\_\_\_\_

**Range of motion:**

Splint immobilization until two weeks post-operatively.

After 2 weeks begin AROM/AAROM of the elbow.

Immediate range of motion of the shoulder, wrist, hand.

The goal is to achieve full flexion extension pronation and supination by 6 weeks from date of surgery.

Avoid resisted extension until 6 weeks post op.

Progressive the passive range of motion at 6 weeks of motion deficits remain.

Incorporate static progressive splinting at 6 weeks of motion deficits remain.

**Strengthening:** Begin forearm and arm strengthening at 6 weeks. Strengthening as tolerated.

Provide with home exercise program.

Encourage range of motion exercises to be done 3 times a day.

**Modalities:** Heat before and ice after therapy. Massage prn

**Frequency:** 2-3 times/week

**Duration:** 6 weeks

**Signature:**

**Date:**

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