

| UCLA OUTPATIENT REHABILITATION SERVICES | |
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| <input type="checkbox"/> WESTWOOD 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457 | <input type="checkbox"/> SANTA MONICA 1260 15 th St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269 |
| FOR APPTS, CALL: (310) 794-1323 | |
| FAX: (310) 794-1457 | |
| | |

ELBOW PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) _____

___ Range of motion (Active, Active Assisted, Passive), Flex / Ex / Pro /
Supination

___ Passive stretching Wrist Extensors and Flexors
 Begin with Elbow flexed
 Progress to stretching with Elbow in extension

___ Strengthening: Begin if range of motion is near full: Biceps, Triceps, Wrist
Flexors,
 Wrist Extensors
 Resisted pronation and supination. Can begin with isometric exercises,
 then progress to concentric and eccentric exercise as tolerated.

___ Ice before and after rehab exercises

___ Modalities (Stim. Ionto, US)

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____ **Date:**

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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