

# Physical Therapy Prescription

<b>Radial Head Replacement REHABILITATION PROTOCOL</b>			
<b>TIME PERIOD</b>	<b>RANGE OF MOTION</b>	<b>Splint &amp; Weight bearing</b>	<b>EXERCISES</b>
<b>0-2 weeks</b>	None	Keep splint clean and dry <b>No Weight Bearing</b>	Wrist and hand ROM. Pendulums for shoulder.
<b>2-6 weeks</b>	Increase range of motion as tolerated	<b>No lifting more than a cup of coffee</b>	Active and active assist range of motion  Ok to move shoulder freely
<b>6-12 weeks</b>	Full range of motion.	<b>Ok to increase lifting to 10 lbs</b>	Begin elbow strengthening exercises
<b>12+ weeks</b>	No Restrictions	No Restrictions	No Restrictions

**\*\*\*Begin physical therapy at 2 weeks post op**

<p>Dane Todd, MD          Questions please call: # 402-488-3322          Fax: 402-488-3336</p> <p>Patient Name: _____          Surgery Date: _____</p> <p>Diagnosis: status post Radial Head Replacement          Side (Circled):    Right    Left</p> <p>Physical therapy to evaluate and treat for post op Radial Head Replacement using the above protocol. 1-2x per week for 10 weeks. Modalities PRN</p> <p>Notes: _____</p> <p>MD signature:</p>
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