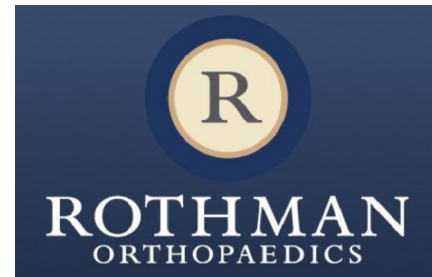


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Total Elbow Replacement Physical Therapy PT Protocol

Name _____ Date _____

Diagnosis s/p RIGHT/LEFT Elbow Replacement

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Week 1:

Begin AROM exercises for the elbow and forearm with elbow close to the body to avoid excessive stretch of the reconstructed elbow collateral ligaments six times a day

_____ Weeks 2-5:

PROM exercises may be initiated to the elbow
FES may be utilized to stimulate biceps and/or triceps

_____ Weeks 6-7:

ROM exercises may now be performed with the elbow away from the body

_____ Week 8:

Initiate gradual, gentle strengthening exercises for the hand and forearm as tolerated
May begin light resistance to elbow

Comments:

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning _____ Teach HEP

Modalities

_____ Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis
_____ TENS _____ Heat before _____ Ice after _____ Trigger points massage _____ Therapist's discretion

Signature _____ Date _____