

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Capitellar Osteochondral Defect Code: M93.22

Procedure: Elbow Arthroscopy/Capitellar Osteochondral Allograft Surgery Date: _____

Instructions:

Phase One (1-12 weeks):

- Work to regain full range of motion by 6 weeks post-operatively.
- Begin isotonic strengthening at the elbow at week six.
- Emphasize maintenance of flexibility and strength of wrist, shoulder, scapula, core, and legs.

Phase Two (12-18 weeks):

- Continue to progress stretching and flexibility.
- Begin strengthening of the periscapular stabilizers, rotator cuff, deltoid, legs, and core.
- Begin Thrower's Ten, focus on dynamic stabilization.
- Progress to Advanced Thrower's Ten 2-3 weeks after initiating Thrower's Ten .
- Begin isotonic program with bench press, seated row, lat pull-downs, triceps push downs, biceps.
- Begin plyometrics (such as bouncing a medicine ball into a trampoline), progressing from 2-handed (2 weeks) to 1-handed (2 weeks).

Phase Four (>18 weeks):

- Initiate progressive interval throwing program.
- Continue strengthening and stretching and Advanced Thrower's Ten program.
- Return to throwing 4.5-6 months; return to competition 6-12 months.
- Criteria for return to competitive throwing: completion of interval throwing program, greater strength in the shoulder on the operative arm than the non-operative arm.

Please emphasize a home exercise program.

Modalities

Heat before therapy, ice after, remaining modalities per therapist

Frequency: 2 times/week

Duration: 6 weeks

Signature: _____ Date: _____