

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Lateral Collateral Ligament Insufficiency Code: S53.20

Procedure: Lateral Collateral Ligament Repair/Reconstruction Surgery Date: _____

Instructions:

Range of motion:

- Immobilization for the first two weeks post-operatively.
- Begin range of motion exercises at two weeks post-operatively.
- Perform all elbow flexion/extension motions with the forearm in full pronation.
- Do not allow extension beyond 30° for the first four weeks post-operatively.
- Incorporate active range of motion exercises for the wrist and hand.
- Please perform all forearm rotation exercises at 90° of flexion or greater.
- At four weeks post-operatively, begin to decrease extension deficit.

Strengthening:

- Do not begin strengthening until twelve weeks post-operatively.
- Then begin wrist flexion/extension, forearm pronation/supination, and elbow flexion/extension strengthening, beginning with isometrics before progressing to bands.
- Ok to transition to a gym-based home program at four months post-operatively.

Limitations:

- Immobilization for the first 2 weeks post-operatively.
- Do not allow extension beyond 30° for the first four weeks post-operatively.
- No passive supination stretching.
- Do not begin strengthening until three months post-operatively.
- **Please perform all exercises with the arm at the side to avoid placing a varus stress across the elbow. Please instruct the patient in avoidance of varus stress and axially loading in activities of daily living for the first six months post-operatively.**

Please provide patient with a home exercise program with exercises to be performed five times per day.

Modalities

Heat before and ice after therapy.

Frequency: 2-3 times/week Duration: 6 weeks

Signature: _____ Date: _____