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Patient Sticker Here

Date

Diagnosis: (LEFT / RIGHT)

ELBOW PHYSICAL THERAPY PRESCRIPTION

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

___ Passive stretching Wrist Extensors

Begin with Elbow flexed

Progress to stretching with Elbow in extension

___ Begin with Isometric exercises

Begin with Elbow flexed

Progress to Elbow extension

___ Wrist extensor strengthening - start wrist curls with 1 lb. >> progress to 12 lbs.

___ Wrist flexor strengthening

___ Grip strengthening (tennis ball squeeze)

___ Goal is sprint repetitions to fatigue without pain

___ 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: _____

Seth C. Gamradt, M.D.
Attending Orthopaedic Surgeon