



World-Class Team. Hometown Choice.

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HAND/WRIST & UPPER EXTREMITY THERAPY PRESCRIPTION:

Patient Name: Angel Soto

Surgery: Right elbow distal biceps reinsertion

DOS: 4-26-2024

Date: 5-1-2024

Frequency: 2-3x/wk, 6 wks

MODALITIES:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Modalities as needed | <input checked="" type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Iontophoresis | <input checked="" type="checkbox"/> Moist Heat |
| <input type="checkbox"/> Phonophoresis | <input checked="" type="checkbox"/> Massage |
| <input checked="" type="checkbox"/> Ultrasound | <input checked="" type="checkbox"/> NMES |
| <input checked="" type="checkbox"/> Contrast Baths | <input type="checkbox"/> TENS |
| <input checked="" type="checkbox"/> Parafin | <input type="checkbox"/> Whirlpool |
| <input checked="" type="checkbox"/> Soft Tissue Manipulation | <input checked="" type="checkbox"/> Scar Management |
| <input checked="" type="checkbox"/> Sensory Re-education
& Desensitization | <input checked="" type="checkbox"/> Fluidotherapy |

EXERCISE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> AROM | (Limits: progress to full as tolerated) |
| <input checked="" type="checkbox"/> AAROM | (Limits: progress to full as tolerated) |
| <input checked="" type="checkbox"/> PROM | (Limits: _____) |
| <input checked="" type="checkbox"/> Tendon Gliding | <input type="checkbox"/> Nerve Gliding |
| <input checked="" type="checkbox"/> Functional ADL's | <input type="checkbox"/> Coordination Training |
| <input checked="" type="checkbox"/> Strengthening & Endurance Program (UE & Grip) | (Patient Education / Home Exercises) |
| <input checked="" type="checkbox"/> Work on elbow F/E, Forearm P/S | |

EDEMA CONTROL:

- | |
|--|
| <input checked="" type="checkbox"/> Edema Control Techniques |
| <input type="checkbox"/> Coban |
| <input checked="" type="checkbox"/> Finger Sleeves / Compression Stockings |
| <input type="checkbox"/> Jobst Sleeve |
| <input type="checkbox"/> Elastic Wrap |
| <input type="checkbox"/> Isotoner |
| <input type="checkbox"/> _____ |

DRESSINGS/WOUND CARE:

- | |
|---|
| <input type="checkbox"/> Dressing changes (Frequency: _____ x _____ wks) |
| <input checked="" type="checkbox"/> Sterile Dry Dressing |
| <input type="checkbox"/> Wet → Dry Dressing |
| <input type="checkbox"/> Non-adherent Dressing |
| <input type="checkbox"/> Warm Soaks (Frequency: _____ x _____ wks) |
| <input type="checkbox"/> Wound Debridement => Local Wound / Nailbed Care |
| <input type="checkbox"/> Pin Care: 1/2 strength H ₂ O ₂ w/ Saline (BID / TID) |

EQUIPMENT/SUPPLIES:

- | | |
|---|-------------------------------------|
| <input checked="" type="checkbox"/> Scar Remodeling | <input type="checkbox"/> Putty |
| <input type="checkbox"/> Silicone Gel Sleeve | <input type="checkbox"/> Elastomer |
| <input type="checkbox"/> Cock-up Wrist Splint | <input type="checkbox"/> Pulleys |
| <input type="checkbox"/> Elbow Pad (Heelbo) | <input type="checkbox"/> Therabands |
| <input type="checkbox"/> Finger Buddy Straps | <input type="checkbox"/> _____ |

WORK REHABILITATION:

- | |
|--|
| <input type="checkbox"/> Work Site & Work Task Analysis |
| <input type="checkbox"/> Work Conditioning / Hardening |
| <input type="checkbox"/> Ergonomic Instruction / Education |
| <input type="checkbox"/> Upper Extremity Strengthening / Endurance |
| <input type="checkbox"/> _____ |

RETURN TO ACTIVITY PROTOCOL:

WEEK 0-6

- Hinged elbow brace 0-4 weeks outside
- Advance brace to settings corresponding to clinical ROM progression

WEEK 6

- Begin light resistance band program 2x/day and slowly progress over the next 2 weeks

WEEK 8

- Begin 1-2 lb bicep curls, 4 sets of 12, 3x/day
- Continue bands daily with ROM stretching exercises
- Forearm isometrics and eccentric exercises (alternating with curls)

WEEK 10

- Progress 5 lbs every two weeks with curls in a similar fashion and advance to full by 6 months

Physician's Signature:

(I have medically prescribed the above treatments)

Andrew A. Willis, M.D., FAAOS

Orthopaedic Surgeon

Fellowship Trained in Sports Medicine & Surgery of the Hand and Upper Extremity