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INITIAL THERAPY PRESCRIPTION FOR ELBOW RELEASE

PATIENT: _____

DATE OF SURGERY: _____

SUTURE REMOVAL: _____

INITIATE THERAPY ON: _____

RX:

AROM/PROM/Modalities as needed/Edema control/Suture removal/**NO STRENGTHENING OR LOADING**

Please call with questions or concerns at the phone number above.

Special Instructions:

3-5x/week for 1-2 weeks, then 2-3x/wk for 4-6 weeks

*Please see attached protocol

Dr. Nicholas Newsum M.D.