

Physical Therapy Prescription – Arthroscopic Debridement

Name: _____ **Date of Surgery:** _____

Procedure: R / L Elbow Arthroscopy, debridement
Frequency: 2-3 times per week for 6 weeks

PHASE I (Weeks 0 – 4): Early ROM

- Sling: Use for comfort. Discontinue as soon as tolerated.
- Range of Motion: Initiate early ROM post op day 1. Perform HEP 2-3/day. AAROM and PROM of flexion, extension, supination and pronation.
- Strength: Grip ROM and basic strengthening exercises
- Modalities: E-stim, TENS, Ice 20 minute sessions

Phase II (Weeks 4 plus)

- Range of Motion: Advance AROM and PROM as tolerated
- Strength: Initiate gentle elbow and forearm strengthening

Signature: _____

Date: _____