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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Olecranon Fracture ORIF

Name: _____ **Date:** _____

Diagnosis: R / L elbow Olecranon ORIF **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks

STRESS IMPORTANCE OF HOME EXERCISES AT LEAST 3-4 TIMES PER DAY

Weeks 0-3

Elbow in posterior mold splint x 1 week or until first Post op/therapy visit
Appointment to be scheduled with Hand Therapist for incision check and begin therapy
Transition to Hinge elbow brace locked at 90deg vs removable Velcro brace
ROM: Passive extension to 0° as tolerated
Active flexion to 90° as tolerated
Progress to full Supination/Pronation
Shoulder/wrist/hand exercises encouraged
Edema control/scar management
Avoid active elbow extension x 6 wks postop

Weeks 3-6

Unlock brace according to ROM progression
ROM: Passive extension to 0° as tolerated
Active/Passive flexion may increase by 10° per week as tolerated
Progress to full Supination/Pronation
Progress to active/active assist ROM
Begin wrist, forearm, and hand/finger strengthening exercises

Weeks 6-Month 6

Wean from brace once fracture healing on XRAY (6-8 wks)
Begin active elbow extension
Progress with strengthening slowly
Continue ROM as necessary

Physician Signature: _____ Date: _____

For more orthopedic information and rehab protocols visit www.drsiwiec.com