

ELBOW CONTRACTURE RELEASE
POSTOPERATIVE PROTOCOL
Referral for Rehabilitation Services

Patient Name: _____ Date of Surgery: _____
_____ / Week _____ Weeks

Pain Control

Indwelling axillary block.

Medications – to prevent bone growth

Indomethacin SR, 75 mg PO QD take with food – (dispense 6 weeks worth)

Misoprostol 200 mg PO QID take with food – (dispense 6 weeks worth)

Plan

CPM

Static progressive splinting.

Active range of motion.

Schedule

8:00	CPM
10:00	Extension splint
12:00	CPM
14:00	CPM
18:00	Extension splint
20:00	CPM
22:00	Flexion splint

Active range of motion after splint change for 20 minutes.

Flexion contracture Use flexion splint 22:00 – 8:00

Extension contracture Use extension splint 22:00 – 8:00

I hereby certify these services as medically necessary for the patient's plan of care.

Physician's Signature

Date _____