

ELBOW PHYSIOTHERAPY REFERRAL

Dear Physiotherapist,
Thank you for seeing:

Diagnosis:

Date of Injury:

Treatment Required: Could you please commence the following:

- Please apply elbow ROM brace – full range, start elbow ROM exercises in brace
- Please apply elbow ROM brace – 30 degree extension block to full flexion, start ROM exercises
- Please remove sling or plaster slab/cast and commence ROM exercises

| <u>ELBOW</u> | | Days | Weeks |
|---------------------|--|-------------|--------------|
| ROM | Flexion / Extension - Passive - Active | | |
| | Supination / Pronation - Passive - Active | | |
| | Special Limitations: _____ | | |
| Strength | Bicep / Tricep | | |
| | Lifting limit of ____ kg until: | | |
| | Please maintain shoulder & wrist movement | | |

- I will review in ____ days / weeks / months / prn

With thanks

Dr Alan Dao Date: _____