



Terrible Triad, Internal Joint Stabilizer - Physical Therapy Prescription

Please fax weekly assessments/progress notes directly to DM Ortho at 303-789-3010

Name: _____

Date: _____

Diagnosis: R / L Terrible Triad, IJS, LUCL Repair, Radial Head

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, PT to start after splint removal at first post-op visit

PHASE I (Weeks 0-3)

Focus: ROM, Active Stabilization

Posterior slab Splint for 1-2 weeks post-operative, removed at first office visit

Transition to Dual Bracing – Hinged Elbow Brace (HEB) + Cock-up Wrist splint

- HEB: Flexion Limit - 120°, Extension Limit - 30°
- No Active Wrist extension first 4 weeks

SUPINE Elbow Flexion/Extension with forearm pronated

Full Pronation, No Supination past neutral

PHASE II (Weeks 3-6)

Continue Supine Elbow Flexion/Extension with forearm pronation

- Progress to Neutral rotation Week 4

HEB: Flexion limit – Advanced 15°/week, Extension Limit – advanced 10°/week starting week 4

May transition from Cock-up Wrist splint starting week 4

Full Pronation, Advance Supination 30°/week starting week 4

- Week 4: 30°
- Week 5: 60°
- Week 6: 90°

Start active wrist extension at week 4

Isometrics to Forearm, FCU/FDS, Shoulder

PHASE III (Weeks 6-12)

Progress to Full ROM

Continue Supine Elbow Flexion/Extension with forearm pronation, Neutral, and Supination

Continue to Full Pronation/Supination

Continue with Wrist/Hand

Progress strengthening of wrist flexors/extensors/pronators at week 8

- Continue with only passive, AAROM, AROM of supination

Continue to focus on Forearm, FCU/FDS, Shoulder

Signature: _____

Date: _____

PHASE IV (Weeks 12-16)

Discussion of implant removal if needed

Discontinue HEB at week 12 if progressed to full/controlled AROM

May start progressive strengthening program in all planes

PHASE V (Weeks 16+)

Continue to focus on activity related strengthening

Functional ADL's

Transition to HEP

Full recovery can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.

Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.