



PHYSICAL THERAPY REFERRAL

Patient Name: _____ DOB: _____

Shoulder and Elbow Service

Lee A. Kaback, MD

Offices:

121 Everett Road
Albany, NY 12205

250 Delaware Avenue
Suite 200
Delmar, NY 12054

PH: 518-489-BONE
FAX: 518-689-6106

Elbow Contracture

Morning	Move elbow in tub of warm water for 20 minutes
8AM to Noon	Splint set in Extention/Flexion (_____)
Rest Period	Splint off/unlocked. Move elbow frequently.
1PM to 5PM	Splint set in Extention/Flexion (_____)
Rest Period	Splint off/unlocked. Move elbow frequently.
6PM to Bedtime	Splint set in Extention/Flexion (_____)
Rest Period	Splint off/unlocked. Move elbow frequently. Ice 15 minutes if sore/swollen <u>or</u> Move elbow In warm water 15 minutes if still but not sore.
Sleep	Splint set in Extention/Flexion (_____)

MD Signature _____ Date _____

Renew _____ No Change _____ Changes as noted _____

_____ Times as week for _____ Weeks.