



PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) DEBRIDEMENT AND REPAIR OF COMMON EXTENSOR OR FLEXOR (TREATMENT OF EPICONDYLITIS): DATE OF SURGERY _____

ELBOW PHYSICAL THERAPY PRESCRIPTION

Postop

___ Sling for comfort 7 days, finger and gentle wrist ROM OK.

7 days – 4 weeks—hinged elbow brace

___ Begin with Progressive Range of Motion exercises at 7---10 days

___ Begin Passive and Active Range of Motion exercises for the Elbow / Wrist / Hand

4 weeks – 6 weeks

___ Begin with Isometric exercises of repaired muscle group

6 weeks

___ Begin Concentric and Eccentric exercises of repaired muscle group with modalities as necessary

3---4 months

___ Return to lifting and sports when strength is symmetric

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC

