



PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS: (LEFT / RIGHT / MED / LAT) EPICONDYLITIS

DATE _____

ELBOW EPICONDYLITIS PHYSICAL THERAPY PRESCRIPTION

___ Range of motion (Active, Active Assisted, Passive),
Flex/ Ex/ Pro/ Supination

___ Passive stretching Wrist Extensors
Begin with Elbow flexed
Progress to stretching with Elbow in extension

___ Begin with Isometric exercises, then progress to eccentric
exercise Begin with Elbow flexed
Progress to Elbow extension

___ Wrist extensor strengthening --- start wrist curls with 1 lb. >> progress to 12 lbs.

___ Wrist flexor strengthening

___ Grip strengthening (tennis ball squeeze)

___ Goal is sprint repetitions to fatigue without pain

___ Ice before and after rehab exercises

___ Modalities (stim. Ionto, US)

Treatment: _____ times per week Duration: _____ weeks ___ Home Program

** Please send progress notes.

Physician's Signature: _____

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

