

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: (LEFT/ RIGHT)

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. Lonto, US)

Treatment: _____ **times per week** **Duration** _____ **Weeks** _____ **Home Program**

**Please send progress notes.

**Physician's
Signature:** _____
Stephan J. Sweet, M.D., M.P.H.

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