

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT / RIGHT) DEBRIDEMENT AND REPAIR OF COMMON EXTENSOR OR FLEXOR (TREATMENT OF EPICONDYLITIS) ELBOW

DATE OF SURGERY _____

Post Op

___ 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: _____ Date: _____