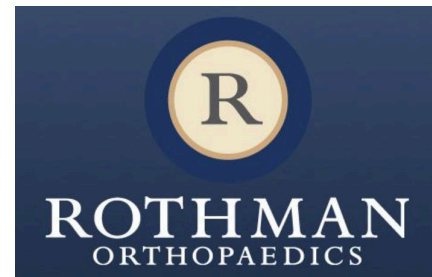


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Lateral Epicondylitis Debridement Physical Therapy Protocol/Prescription

Name _____

Diagnosis: s/p Debridement Right/Left Lateral Epicondylitis

Date of Surgery _____

Frequency: _____ times/week Duration: _____ 6 Weeks

____ Week 1:

Wear sling for comfort
Gentle hand, wrist and elbow ROM as tolerated
Active shoulder ROM
Heat before, and ice after

____ Weeks 2-4:

Remove sling
Advance ROM passive motion as tolerated to AAROM
Gentle strengthening exercises with active motion and submaximal isometrics
Continue shoulder Strengthening and ROM

____ Weeks 5-7:

Advance strengthening as tolerated, including weights and tubing
ROM with continued emphasis on end-range and passive overpressure
Gentle massage along and against fiber orientation
Counterforce bracing

____ Weeks 8-12:

Continue counterforce bracing if needed
Begin task-specific functional training
Return to sport or activities

Comments:

____ Functional Capacity Evaluation ____ Work Hardening/Work Conditioning X Teach HEP

Modalities

____ Electric Stimulation ____ Ultrasound ____ Iontophoresis ____ Phonophoresis X TENS X
Heat before X Ice after ____ Trigger points massage ____ Therapist's discretion

Signature _____ Date _____