

UCLA OUTPATIENT REHABILITATION SERVICES	
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ELBOW PHYSICAL THERAPY PRESCRIPTION

Diagnosis: Lateral Epicondylitis /
s/p (LEFT / RIGHT) Extensor Carpi Radialis Brevis Repair
Surgery Date: _____

Week 1-6: Healing Phase

- ___ Active / Active Assist / Gentle Passive ROM exercises elbow
- ___ Passive stretching wrist extensors
- ___ Begin with elbow flexed
- ___ Progress to stretching with elbow in extension
- ___ Ice before & after rehab exercises

Week 6 - 18: Functional Phase

- ___ Begin Isometric exercises
 - ___ Begin with elbow flexed
 - ___ Progress to elbow extension
- ___ Wrist extensor strengthening: up to 5 lbs.
- ___ Wrist flexor strengthening
- ___ Grip strengthening (tennis ball squeeze)
- ___ Goal is sprint repetitions to fatigue without pain
- ___ Ice before & after rehab exercises

****Anti-inflammatory modalities as needed throughout protocol**

Treatment: _____ times per week _____ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____ Date: _____

Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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