

UCLA OUTPATIENT REHABILITATION SERVICES	
<input type="checkbox"/> WESTWOOD 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	<input type="checkbox"/> SANTA MONICA 1260 15 th St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

ELBOW PHYSICAL THERAPY PRESCRIPTION

**Diagnosis: Medial Epicondylitis / s/p (LEFT / RIGHT) Flexor-Pronator
Tendon Repair**
Surgery Date: _____

Week 1-6: Healing Phase

- ___ Active / Active Assist / Gentle Passive ROM exercises elbow
- ___ Passive stretching wrist flexors
- ___ 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 flexor strengthening: up to 5 lbs.
- ___ Wrist extensor 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.

Sports Medicine, Shoulder Surgery and Cartilage Restoration
UCLA Department of Orthopaedic Surgery
David Geffen School of Medicine at UCLA
10833 Le Conte Avenue, 76-143 CHS
Los Angeles, CA 90095-6902
Phone: (310) 825-6095
Fax: (310) 825-1311
CA License: A126262