

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	

EPICONDYLITIS PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) Epicondylitis (Lateral / Medial)

- Passive stretching Wrist Extensors
 - Begin with Elbow flexed
 - Progress to stretching with Elbow in extension
- Begin with Isometric exercises
 - 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

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