

Physical Therapy Prescription

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Patient Sticker

DIAGNOSIS: MEDIAL LATERAL EPICONDYLITIS

SIDE: RIGHT LEFT

DATE: _____

ELBOW EPICONDYLITIS PHYSICAL THERAPY PRESCRIPTION:

___ Range of motion (Active, Active Assisted, Passive), Flex/ Ex/ Pro/ Supination

___ Passive stretching Wrist Extensors

Begin with Elbow flexed

Progress to stretching with Elbow in extension

___ Begin with Isometric exercises, then progress to eccentric exercise

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

___ Modalities PRN (Graston, stim, Ionto, US)

Treatment: 1-2 2-3 times per week for _____ weeks.

Home Program

Physician's Signature: _____

Jesse Kaplan, MD