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WellSpan Orthopedics

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Physical Therapy: s/p Lateral Epicondyle Debridement & Repair

Patient Name: _____ **Date:** _____

Treatment Frequency: 2- 3 x week **Duration of Therapy Prescription:** 8 weeks

Modalities: PRN

SITE R L

Please send progress notes:

Physician's Signature _____

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Week 1-6: **Healing Phase**

- * Sling for comfort, begin elbow motion immediately
- * Active / Active Assist / Gentle Passive ROM exercises
- * Passive stretching wrist extensors (no active wrist extension)
- * Begin with elbow flexed
- * Progress to stretching with elbow in extension
- * No resistive activity (gentle ADL's permitted)

Week 6 - 18: **Functional Phase**

- * Begin Isometric exercises
 - Begin with elbow flexed
 - Progress to elbow extension
- * Wrist extensor strengthening: up to 5lbs
- * Wrist flexor strengthening
- * Grip strengthening (tennis ball squeeze)
- * Goal is sprint repetitions to fatigue without pain
- * Ice before & after rehab exercises
- * Return to sport and full activity permitted starting week 12 (when pain free and full strength achieved)