

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Lateral Epicondylitis Code: M77.10

Procedure: ECRB Release and Repair Surgery Date: _____

Instructions:

Range of motion:

- Splint immobilization for the first two weeks post-operatively.
- From two to six weeks post-operatively, please assist the patient in active range of motion of the elbow, forearm, and wrist, with a focus on stretching of the wrist extensors.
- Stretching of the extensor origin can be maximized by bringing the wrist into full flexion with the elbow extended and the forearm pronated.
- No range of motion limitations.

Strengthening:

- Do not begin strengthening until six weeks and until extensor stretching is pain-free.
- Then, please assist the patient in strengthening of the wrist extensors with a focus on eccentrics.
- Please perform all wrist extensor strengthening exercises with the elbow flexed to avoid increasing lateral elbow pain.
- Begin with submaximal isometric exercises before progressing to bands and then weights.
- As flexibility and strength improves, please focus on increasing patient endurance.
- Do not begin return to work or sport programming until >90% wrist extensor strength.

Limitations:

- No strengthening until six weeks post-operatively.
- No athletic activities such as golf or tennis until strengthening commences.

Please provide with a home exercise program.

Modalities:

- Heat before, ice after. Please provide massage along and against muscle fiber orientation starting at two weeks post-operatively. Additional modalities per therapist.

Frequency: 2-3 times/week Duration: 6 weeks

Signature: _____ Date: _____