

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Lateral Epicondylitis Code: M77.10

Instructions:

- 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.
 - Once pain-free extensor stretching is possible, please assist the patient in strengthening of the wrist extensors with a focus on eccentric exercises. Please perform all wrist extensor strengthening exercises with the elbow flexed and the hand relaxed (i.e. not in a fist) to avoid increasing lateral elbow pain.
 - Begin with submaximal isometric exercises before progressing to bands and then weights tolerated.
 - As flexibility and strength improves, please focus on increasing patient endurance.
 - Please provide with a home exercise program.
 - Please provide counter-force bracing teaching.
 - Heat before, ice after. Please provide massage along and against muscle fiber orientation.
 - Progress as tolerated.
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Modalities

Iontophoresis, heat, ice, massage, dry needling, IASTM, mulligan mobilizations, and KT taping per therapist's preference.

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

Signature: _____ Date: _____