

PHYSICAL THERAPY PROTOCOL/PRESCRIPTION: Lateral Epicondylitis

Name: _____

Date of Surgery: _____

Diagnosis: _____

Signed: _____

Frequency: 2-3 times per week x 12 weeks

Week 0-1: Patient will do home exercises given post-op (pendulums, elbow and wrist ROM etc.)

Phase 1 → 0-6 weeks post-op

Immobilizer:

- Stays on at all times for first 10 days post-op

Range of Motion/Goals:

- Passive range of motion as tolerated

Exercises:

- Gentle hand, wrist, elbow, and shoulder stretching. Isometric hand, wrist, elbow, and shoulder strengthening. **AVOID WRIST EXTENSION**
- Heat before and Ice after PT sessions

Phase 2 → 6-8 weeks post-op

Immobilizer:

- None

Range of Motion/Goals:

- Increase to full range of motion, may begin active wrist extension

Exercises:

- Advance strengthening exercises from Phase 1, maintain flexibility and range of motion.
- Begin gentle active wrist extension exercises

Phase 3 → 8-10 weeks post-op

Range of motion:

- Full range of motion

Exercises:

- Advance Phase 2 activities, may gradually progress to full activity