

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.

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: _____