

Lateral or Medial Epicondylitis Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____ Next Physician Appointment: _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

____ Week 1:

- Wear sling for comfort
- Gentle hand, wrist and elbow ROM as tolerated
- Active shoulder ROM
- Heat before, and ice after

____ Weeks 2-4:

- Remove sling
- Advance ROM - passive motion as tolerated to AAROM
- Gentle strengthening exercises with active motion and submaximal isometrics
- Continue shoulder strengthening and ROM

____ Weeks 5-7:

- Advance strengthening as tolerated
- ROM with continued emphasis on end-range and passive overpressure
- Gentle massage along and against fiber orientation
- Counterforce bracing

____ Weeks 8-12:

- Continue counterforce bracing if needed
- Begin task-specific functional training
- Return to sport or activities

Comments:

____ Teach Home Exercise Program

Modalities

____ Heat before ____ Ice after ____ Other _____ ____ Therapist's discretion

Signature _____