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Lateral or Medial Epicondylitis Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: *Lateral / Medial epicondylitis L / R elbow*

Number of visits each week: 1 2 3 4

Treatment duration _____ weeks

Rehab Phase

Evaluate and correct any upper extremity motion and strength deficits

Strengthening program for elbow, forearm, wrist, hand

Modalities as indicated may include (but not limited to) ionto/phonophoresis, icing, US, stim

Tennis elbow forearm strap

Daily icing and HEP

Maintenance Phase

Continue strengthening program with progressive increase in resistance

Functional activity and sport specific training

Phase out supervised rehab

Advance home program to be done daily

ADDITIONAL COMMENTS: _____

Concerns or questions:

Duncan (clinical nurse specialist – Dr. Kaar) at (314) 577-8525 / email: dmchardy@slu.edu

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Physician Signature: