

PHYSICAL THERAPY PRESCRIPTION

Jeffrey Wong, MD

SCOS Orthopedic Specialists
18785 Brookhurst Street, Ste 100
Fountain Valley, CA 92708
(714) 500-5056 Phone
(949) 900-2116 Fax

DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: EPICONDYLITIS: MEDIAL LATERAL EPICONDYLITIS
 Right Left Bilateral

Range of motion (Active, Active Assisted, Passive), Flex/ Ex/ Pro/ Supination

Passive stretching Wrist Extensors – begin with elbow flexed, progress to stretching in extension

Begin with Isometric exercises, then progress to eccentric exercise - begin with elbow flexed,
progress to elbow extension

Wrist extensor strengthening - start wrist curls with 1 lb - progress to 12 lbs.

Wrist flexor strengthening

Grip strengthening (tennis ball squeeze)

Goal is sprint repetitions to fatigue without pain

Ice before and after rehab exercises

Modalities (stim. Ionto, US)

___ Other: _____

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507