



**Brian Waterman M.D.**  
ORTHOPEDIC SURGERY

**Lateral Epicondylitis PT Protocol**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery \_\_\_\_\_

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, including weights and tubings
- 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:**

Functional Capacity Evaluation     Work Hardening/Work Conditioning     Teach HEP

**Modalities:**

Electric Stimulation     Ultrasound     Iontophoresis     Phonophoresis  
 TENS     Heat before/after     Ice before/after     Trigger points massage  
 Therapist's discretion  
 Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_