



Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

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 tubing
- 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: _____