

## Physical/Occupational Therapy Prescription

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: Lateral Epicondylitis Code: M77.10

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### **Instructions:**

- Please assist the patient in active range of motion of the elbow, forearm, and wrist, with a focus on stretching of the wrist extensors. Stretching of the extensor origin can be maximized by bringing the wrist into full flexion with the elbow extended and the forearm pronated.
  - Once pain-free extensor stretching is possible, please assist the patient in strengthening of the wrist extensors with a focus on eccentric exercises. Please perform all wrist extensor strengthening exercises with the elbow flexed and the hand relaxed (i.e. not in a fist) to avoid increasing lateral elbow pain.
  - Begin with submaximal isometric exercises before progressing to bands and then weights tolerated.
  - As flexibility and strength improves, please focus on increasing patient endurance.
  - Please provide with a home exercise program.
  - Please provide counter-force bracing teaching.
  - Heat before, ice after. Please provide massage along and against muscle fiber orientation.
  - Progress as tolerated.
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### **Modalities**

Iontophoresis, heat, ice, massage, dry needling, IASTM, mulligan mobilizations, and KT taping per therapist's preference.

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Frequency: 2-3 times/week      Duration: 6 weeks

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