Physical/Occupational Therapy Prescription Name: ______Date of Birth: Diagnosis: Lateral Epicondylitis Code: M77.10 **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.

<u>Modalities</u>

lontophoresis, heat, ice, massage, dry needling, IASTM, mulligan mobilizations, and KT taping per therapist's preference.		
Frequency: 2-3 times/week	Duration: 6 weeks	
Signature:	Date:	