

Lateral Epicondylitis Debridement Physical Therapy Protocol/Prescription

Name: _____**Date:** _____**Diagnosis:** _____**Date of Surgery :** _____**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:**Frequency:** _____ **times per week****Duration:** _____ **weeks****Signature:** _____**Date:** _____