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Lateral or Medial Epicondylitis Release Protocol

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Name:				Date:				
Diagno	sis:							
Date of Surgery:								
	Frequency:	times per week		Duration:	weeks			
Weeks	1:							
•	Wear sling for com	nfort						
•								
•								
•	Heat before, and i	ce after						
Weeks	2-4:							
•	Remove sling							
•								
•	Gentle strengthen	ing exercises with active	mo	tion and subm	aximal isometrics			
•	Continue shoulder	Strengthening and ROM	1					
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 brac	ing						
Month								
•								
•	2-6, task openio ranonomi tranimo							
•	Return to sport or	activities						
Comm	ents:							
Δdditic	onal:							

___Functional Capacity Evaluation _____Work Hardening/Work Conditioning _____ Teach HEP

Lateral or Medial Epicondylitis Release Protocol (cont'd)

Modalities:	
Electric StimulationUltrasound IontophoresisPhono	ophoresisTENS Heat before/after
Ice before/afterTrigger points massage Other:	
Therapist's discretion	
Signature:	Date: