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Lateral Epicondylitis Protocol

Name: _____ Date: _____

Diagnosis: _____

Date of Surgery: _____

Frequency: _____ times per week | Duration: _____ weeks

Weeks 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 tubings
- 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:

Additional:

____ Functional Capacity Evaluation ____ Work Hardening/Work Conditioning ____ Teach HEP

Lateral Epicondylitis Protocol (cont'd)

Modalities:

Electric Stimulation Ultrasound Iontophoresis Phonophoresis TENS Heat before/after
 Ice before/after Trigger points massage Other: _____
 Therapist's discretion

Signature: _____

Date: _____