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Physical Therapy Prescription Elbow Epicondylitis Repair

Patient Name: _____ **Today's Date:** _____ **Surgery Date:** _____

Diagnosis: s/p (LEFT / RIGHT) Lateral / Medial Repair

___ Splint in Flexion x 10 days

10 days – 4 weeks

___ Begin with Progressive Range of Motion exercises at 10 days

___ Begin Passive and Active Range of Motion exercises for the Elbow / Wrist / Hand

2 weeks

___ Begin with Isometric exercises

6 weeks

___ Begin Concentric and Eccentric exercises

3-4 months

___ Return to lifting and sports

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ **M.D.**