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### Elbow/Wrist Rehabilitation Prescription

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Elbow/Wrist:    Right            Left

Diagnosis: \_\_\_\_\_

Protocol:

\_\_\_\_\_ Eccentric strengthening of wrist extensors

\_\_\_\_\_ Eccentric strengthening of wrist flexors

\_\_\_\_\_ ROM/stretching of wrist and elbow

\_\_\_\_\_ Grip strengthening

\_\_\_\_\_ Iontophoresis

\_\_\_\_\_ Modalities as needed

**DO NOT USE BANDS FOR STRENGTHENING!**

Modalities:

\_\_\_\_\_ Ultrasound

\_\_\_\_\_ E-stim

\_\_\_\_\_ Russian stim

\_\_\_\_\_ Modalities PRN

Frequency: \_\_\_\_\_ times/week X \_\_\_\_\_ weeks

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