

Dax Varkey MD, MPH Caroline McBane PA-C 1130 N. Church Street, Suite 100 336-375-2300 (tel) 336-375-2314 (fax)

Southeastern Orthopaedic Specialists, P.A.				336-375-2314 (fax)
Patient:		Date of	of Surgery:	
Procedure: Right/	Left Lateral Epicono	dylitis Debrid	lement and Rep	oair
<u>Associated Procedure</u> (circled if applicable): Lateral ligamer valgus for 3 months and brace hinged unlocked for first 6 w			•	If performed no
Week 1: No formal MD guidance.	PT. Splint and sling	for 1 week to	be removed eitl	her in PT or with
AVOID ANY VALG	SUS UNTIL 3 MONTH	HS POST-OP		
Weight bea Brace: Ren brace if late Ice: Not dire min/session ROM: Pass Exercises:	Period of protection aring: <2 lb weight limit novable wrist splint extract ligament repair period for first 2 weeks. The live ROM as tolerated Gentle hand, wrist, a tremity. AVOID WRIST	nit, ok for ADL xcept for exer erformed. nend as much nen after activ d, goal of full b and shoulder s	rcises and hygien as possible. 5x rity at minimum. by 30 days posto stretching, isome	ne. Hinged elbow k/day, 20 pp.
Weight beat performed. Brace: Disconnection ROM: Full, Exercises:	tar Transition to active tring: Progress to full continued no limitiation. Advance strengthenion, begin gentle active transcripts active transcript active transcripts active transcript active transcripts active transcripts active transcript active transcripts active transcripts active transcripts active transcripts active transcripts active transcript active transcript active transcripts active transcripts active transcripts a	l, avoid valgus	s if lateral ligame	·
Weight bea Brace: Non ROM: Full Exercises:	•	cuff and pe	eriscapular stren	•
Frequency:	x/week x		_weeks	
By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.				
		Date:		

v22 10 28

Dax Varkey MD, MPH