



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

BICEPS / TRICEP TENDINITIS (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name:	Date:
X Evaluate and Treat	X Provide patient with home program
Frequency: <u>2-3</u> x/week x	<u>6</u> weeks
Modalities:	
\underline{X} Phonophoresis with 0.05% Fluocinonide	
X Iontophoresis with 4mg/ml Dexamethaso	ne
X Ultrasound	

medically necessary. This patient would _X_would not benefit from social services.
By signing this referral, I certify that I have examined this patient and physical therapy is
Isometric and <u>eccentric</u> elbow (biceps / triceps) & forearm strengthening
Special Instructions:
X Biceps / Triceps Tendinitis Program
Exercises:
X Electrical Stimulation
X Dry Needling*

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