



PAIN REHABILITATION REPORT

Rebuild • Realign • Restore

Client Overview

Name: Rahul Mehta

Age : 32 yrs

Gender: Male

Occupation: IT Software Engineer (9 hours/day desk work)

Nature of Work: Typing, mouse handling, long screen exposure, minimal movement
Desk-based, repetitive arm movements

Dominant Hand: Right

Exercise Routine: Gym 4–5 days/week, including upper-body strength training and weekend tennis sessions

Sleep Pattern: 6.5–7 hours/night, right-side sleeping position

Stress Level: Moderate (high screen fatigue and tight deadlines)

Assessment Date: 16th Oct 2025

⚡ Pain Description

Pain Area:	Outer (lateral) side of right elbow
Pain Nature:	Sharp during gripping and lifting Dull ache post-activity Tightness after rest
Pain Duration:	2 months
Onset:	Gradual, following increase in typing and gym activities
Intensity (0–10):	6/10 during activity 2/10 at rest
Pain Aggravated By:	Lifting or gripping objects (bottles, weights) Typing/mouse work Push-ups, planks, and overhead presses
Pain Relieved By:	Rest and short breaks Ice application Avoiding gym sessions
Associated Findings:	No swelling or visible redness Mild stiffness post-rest No numbness or radiation to the shoulder/wrist

Functional & Movement Assessment

Functional Test Result Observation

- Elbow Flexion/Extension Slight discomfort on extension End-range restriction due to tendon tightness
- Grip Strength (Right) 70% compared to left Painful on resisted grip
- Forearm Rotation Pain on supination Common with lateral epicondylitis
- Push-ups / Planks Painful Unable to bear full body weight
- Forearm Tightness Present Especially in extensor muscles
- Clicking / Popping Absent –Muscle Weakness Moderate Affects functional endurance

Summary:

Movement limitation and pain indicate Lateral Epicondylitis (Tennis Elbow) — repetitive wrist extension strain due to overuse, poor posture, and weak scapular stability.

Medical & Pain History

Previous Injuries:	None
Diagnosed Condition:	Probable Lateral Epicondylitis
Imaging:	Not done (recommended if pain persists >6 weeks)
Surgery/Physiotherapy:	None prior
Comorbidities:	None reported
Neck/Shoulder Discomfort:	Mild tightness in the right upper trapezius
Medication:	Over-the-counter pain gels occasionally

□ Lifestyle & Posture Evaluation

Parameter Observation

- Screen Time 9–10 hours/day
- Ergonomic Setup: Non-ergonomic chair and low desk height
- Posture Pattern: Forward head, rounded shoulders, slouched thoracic posture
- Elbow Resting Habits Frequently rest elbows on a hard desk surface
- Muscle Tightness Noted in forearms, upper traps, and rhomboids
- Warm-Up Habits Rare before gym or typing
- Recovery & Hydration Below optimal
- Stress / Sleep Moderate stress; limited recovery window

Posture Observation (Based on Photos & Video)

Front View:	Slight shoulder asymmetry (right lower than left)
Side View:	Protracted shoulders, chin-forward posture
Elbow View:	Tenderness over lateral epicondyle, no swelling
Movement Video:	Pain on resisted wrist extension and forearm supination

□ Clinical Summary

Diagnosis: Right Lateral Epicondylitis (Tennis Elbow)

Root Causes Identified:

- Repetitive wrist and finger extension during work and workouts
- Weak scapular stabilizers (shoulder blade muscles)
- Tight forearm extensors and poor wrist mobility
- Poor posture: forward shoulder and head alignment
- Inadequate rest, stretching, and ergonomics

Goal: Pain relief, Restore grip strength, Improve joint mobility, Rebuild postural balance, Prevent recurrence

□ Rehabilitation Plan

Phase 1 — Pain & Inflammation Control (Week 1-2)

Goals:

Reduce pain and inflammation, maintain gentle mobility.

Protocol:

- Rest: Avoid lifting, gripping, push-ups, or tennis.
- Ice Therapy: 10–12 min twice daily on the outer elbow.
- Isometric Wrist Extension Holds: Rest your forearm on the table, palm down.
- Resist the gentle upward motion with the opposite hand. (Hold 10–15 seconds × 5 reps × 3 sets.)
- Posture Drills: Chin tucks (10 reps × 3/day)
Shoulder blade pinches (10 reps × 3/day)
- Pain-free Forearm Mobility: Gentle wrist circles, finger stretches, open-close fists.
- Ergonomics: Desk height adjusted so the elbow is at 90°.
- Use a wrist support pad; avoid resting elbows on hard surfaces.

Expected Outcome: Pain intensity reduced by 40–50%.

Phase 2 — Mobility & Flexibility (Week 2-4)

Goals: Improve muscle flexibility, restore range of motion, and begin gentle activation.

Protocol:

Stretching:

- **Wrist Flexor Stretch:** Palm up, gently extend wrist backward using opposite hand (20 sec × 3).
- **Wrist Extensor Stretch:** Palm down, flex wrist with gentle pressure (20 sec × 3).
- **Self-Release:** Forearm rolling using a ball or foam roller (1-2 mins daily).
- **Scapular Mobility:** Wall slides and shoulder rolls.
- **Activation Exercises:** Wrist curls (1 kg dumbbell) — 3 sets of 15 reps,
Reverse curls — 3 sets of 12 reps
- **Heat Therapy:** Before stretching to relax tissues.

Expected Outcome: Full mobility without pain, improved forearm elasticity.

Phase 3 — Strengthening & Stability (Week 4–8)

Goals: Rebuild strength, endurance, and dynamic control of elbow & wrist.

Protocol:

- Eccentric Wrist Extension: Hold 1–2 kg dumbbell, lower slowly (4 sec),
assist back up. 3 sets of 15 reps, daily.
- TheraBand Exercises: Forearm pronation/supination
Wrist radial deviation
External shoulder rotation
- Grip Strength: Hand squeeze ball or putty (10 reps × 3/day)
- Scapular Strengthening: Resistance band rows
Wall angels
Modified push-ups progressing to full

Expected Outcome: 80% restoration of strength, improved pain tolerance in daily activities.

Phase 4 — Functional Integration & Prevention (Week 8–12)

Goals: Return to gym/sports, build resilience, ensure long-term posture correction.

Protocol:

- **Functional Drills:** Gradual return to weightlifting (low load, high control).
Tennis practice at 50–70% intensity.
- **Neuromuscular Training:** Farmer's carry, light kettlebell swings.
- **Postural Reinforcement:** Scapular stability &
Thoracic mobility sessions.
- **Recovery:** Contrast therapy (ice + warm compress).
Deep tissue release once/week.

Expected Outcome: Full strength recovery, posture correction, and prevention of recurrence.

□ Ergonomic & Lifestyle Modifications

Habit Correction Recommendation

- Desk Setup Monitor at eye level; elbows 90°; keyboard slightly lower than elbow height
- Mouse Use Switch hand occasionally or use a vertical mouse
- Typing: Use wrist-neutral position; avoid leaning on elbows
- Break Routine: 2-minute micro-break every 45 minutes
- Warm-up Before Gym: Include forearm stretches and mobility work
- Hydration: Minimum 8 glasses/day
- Sleep Posture: Avoid pressure on the right elbow
- Stress Management: 10-minute breathing or meditation daily

☑ Expected Progress Chart

Week Target Expected Result

- 0–2 Pain Reduction 40–50% decrease in discomfort
- 2–4 Flexibility & ROM Full motion restored without pain
- 4–8 Strength & Control 80–90% grip and load capacity regained
- 8–12 Function & Maintenance Return to normal activity, long-term correction

□ Follow-Up Plan

- Reassessment every 2 weeks
- Adjust load and exercises based on pain response
- Recommend imaging (ultrasound/MRI) if pain persists beyond 8 weeks
- Optional: Online posture check via The Posture Doctors Virtual Assessment Portal

💬 Therapist's Notes

- Rahul demonstrates classic symptoms of lateral epicondylitis linked to repetitive wrist strain and posture imbalance.
- The 12-week progressive plan focuses on pain reduction, tendon healing, muscle reconditioning, and posture correction.
- Full recovery expected with adherence and ergonomic changes.

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