



Dx: ☐ Right ☐ Left

Patient Name: _____

Date of Surgery: _____

PT/OT: Evaluate and treat. Follow the following protocol.

Signature/Date: _____

INTERVAL TENNIS PROGRAM

	MONDAY	WEDNESDAY	FRIDAY
1st Week	12 FH 8 BH 10 min. rest 13 FH 7 BH	15 FH 8 BH 10 min. rest 15 FH 7 BH	15 FH 10 BH 10 min. rest 15 FH 10 BH
2nd Week	25 FH 15 BH 10 min. rest 25 FH 15 BH	30 FH 20 BH 10 min. rest 30 FH 20 BH	30 FH 25 BH 10 min. rest 30 FH 25 BH
3rd Week	30 FH 25 BH 10 SR 10 min. rest 30 FH 25 BH 10 SR	30 FH 25 BH 15 SR 10 min. rest 30 FH 25 BH 15 SR	30 FH 30 BH 15 SR 10 min. rest 30 FH 15 SR 10 min. rest 30 FH 30 BH 15 SR
4th Week	30 FH 30 BH 10 SR 10 min. rest Play 3 games 10 FH 10 BH 5 SR	30 FH 30 BH 10 SR 10 min. rest Play set 10 FH 10 BH 5 SR	30 FH 30 BH 10 SR 10 min. rest Play 1 ½ sets 10 FH 10 BH 3 SR

SR = Serves

FH = Forehand shots

BH = Backhand shots