

# PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

**Diagnosis:** ( LEFT / RIGHT ) \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE OF SURGERY:** \_\_\_\_\_

### SHOULDER FRACTURE PHYSICAL THERAPY PRESCRIPTION

\_\_\_ Range of Motion Active / Active-Assisted / Passive

LIMITS: \_\_\_\_\_

\_\_\_ Rotator Cuff and Deltoid Isometrics

\_\_\_ Rotator Cuff and Deltoid Cuff and Scapular Stabilization program exercises—DO NOT BEGIN UNTIL  
ROM 75% NORMAL (8-12 WEEKS POSTOP)

Begin below Horizontal

Begin with Isometrics for Rotator Cuff

Progress to Theraband, then to Isotonics

\_\_\_ Progress to Deltoid, Lats, Triceps and Biceps. Progress Scapular Stabilizers to  
Isotonics below Horizontal

\_\_\_ Return to Sport Phase:

Emphasize Eccentric Rotator Cuff and Scapular Stabilization exercises

Sport-specific Strengthening exercises

Sport-specific Strengthening with Theraband

Plyometric program for Overhead Athletes

\_\_\_ Modalities PRN Ultrasound / Phonophoresis / E-stim / Moist Heat / Ice

**Treatment:** \_\_\_\_\_ times per week      \_\_\_ Home Program

**Duration:** \_\_\_\_\_ weeks      Re-evaluate at 12 weeks

**Physician's Signature:** \_\_\_\_\_

**Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC**