

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

Diagnosis: (LEFT / RIGHT) Impingement Syndrome Shoulder / Rotator Cuff Tendonitis

DATE: _____

SHOULDER PHYSICAL THERAPY PRESCRIPTION

___ Range of Motion (Increase IR) Active / Active-Assisted / Passive

___ Rotator Cuff and Scapular stabilization program exercises, begin below horizontal

___ Progress to 45 / 90 as tolerated in pain free arc

___ Begin with Isometrics for Rotator Cuff

 Progress to Theraband, then to Isotonics

 Limit ER to neutral if (+) Biceps Tendonitis

___ Progress to Deltoid, Lats, Triceps, and Biceps

 Progress scapular stabilizers to Isotonics below horizontal

___ Posterior Capsule stretching after warm-up

___ Return to Sport Phase:

 Emphasize eccentric Rotator Cuff and scapula stabilization exercises

 Sport specific strengthening with Theraband

 Plyometric program for overhead athletes

___ Modalities prn

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

Physician's Signature: _____

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