

PHYSICAL THERAPY PRESCRIPTION



UC Irvine Health

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PATIENT STICKER

SHOULDER PHYSICAL THERAPY

Side: Right Left Bilateral

Diagnosis: Impingement Osteoarthritis AC Joint Arthrosis
 Rotator Cuff Tear Rotator Cuff Tendonitis Adhesive Capsulitis
 Other: _____

- Ofer – Levy Exercises
- Range of Motion (Increase IR) Active / Active–Assisted / Passive
- Rotator Cuff and Scapular stabilization program exercises – begin below horizontal
- Progress to 45 / 90 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
- Emphasis on Scapular stabilizers / Humeral Head depressors
- Posterior Capsule stretching after warm-up
- Return to Sport Phase:
 - Emphasize eccentric Rotator Cuff and Scapular stabilization exercises
 - Sport strengthening with Theraband
 - Plyometric program for overhead athletes
- Modalities prn (Ultrasound / Phonophoresis / E-stim / Moist Heat / Ice)

Frequency & Duration: 1-2 2-3 x/week for _____ weeks _____ Home Program

Physician's Signature: _____ **M.D.**