

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine
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PATIENT STICKER

DATE: _____

DIAGNOSIS: (LEFT/RIGHT) Adhesive Capsulitis (Frozen Shoulder)

SHOULDER PHYSICAL THERAPY PRESCRIPTION

Cause of frozen shoulder:

- 1) Idiopathic: The cause is not known, but typically affects females more than males aged 40-60.
- 2) Systemic: Associated with a systemic condition such as diabetes or hypothyroidism.
- 3) Secondary: Frozen shoulder can be secondary to trauma or avoidance of painful movements due to another shoulder condition such as a rotator cuff tear, impingement, or tendonitis.

IRRITABILITY LEVEL _____

STAGE _____

UNDERLYING PHILOSOPHY: RESTORE RANGE OF MOTION FIRST THEN BEGIN STRENGTHENING. THIS WILL BE A SLOW PROCESS THAT CAN TAKE 12-18 MONTHS

___ Range of Motion (Increase IR, ER, FE, ABD) Active / Active-Assisted / Passive

___ Rotator Cuff and Scapular stabilization program exercises, begin below horizontal (ONLY AFTER > 80% OF ROM RESTORED).

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

___ 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

___ Modalities prn

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

Physician's Signature: _____

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