PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DATE:	
DIAGNOSIS: ((LEFT/RIGHT)

Duration: _____ weeks

Frank Petrigliano, MD, Attending Orthopaedic Surgeon, USC

Physician's Signature:

SCAPULAR MUSCLE REHABILITATION PHYSICAL THERAPY PRESCRIPTION Scapular Muscle Rehabilitation: (1) Isometrics (2) Closed Chain (3) Open Chain Include manual therapy and active release Isometrics: ____ Scapular Pinch (Retraction) Shrug (Elevation) Closed Chain: ____ Hand stabilized on wall or on a ball on the wall >> Scapular elevation, Retraction, Depression, Protraction Push-ups Press-ups Open Chain: ____ Plyometrics ____ Proprioceptive Neuromuscular Facilitation Machines: Pulldown, Upright rows, Presses Progress to Rotator Cuff strengthening after Scapular strengthening is in progress. For throwers, consider entire kinetic chain. Start rehabilitation with emphasis on leg, lower back, trunk, and abdominal strengthening. Treatment: _____ times per week Home Program