PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

of USC

Keck Medicine

DATE: _____

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

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: ______ Frank Petrigliano, MD, Attending Orthopaedic Surgeon, USC