

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine
of USC

PATIENT STICKER

DATE: _____

DIAGNOSIS: (LEFT/RIGHT)

SHOULDER PHYSICAL THERAPY PRESCRIPTION

- ___ Range of Motion Active / Active-Assisted / Passive
- ___ Posterior Capsule Stretching after warm-up
- ___ Emphasize Internal Rotation
- ___ Rotator Cuff and Deltoid Isometrics
- ___ Rotator Cuff and Deltoid Cuff and Scapular Stabilization program exercises
 - Begin below Horizontal
 - 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
- ___ Return to Sport Phase:
 - Emphasize Eccentric Rotator Cuff and Scapular Stabilization exercises
 - Sport-specific Strengthening exercises
 - Sport-specific Strengthening with Theraband
 - Plyometric program for Overhead Athletes
- ___ Modalities PRN Ultrasound / Phonophoresis / E-stim / Moist Heat / Ice

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks Re-evaluate at 12 weeks

Physician's Signature: _____

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