

PHYSICAL THERAPY PRESCRIPTION

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

SHOULDER PHYSICAL THERAPY PRESCRIPTION

Cause of frozen shoulder:

- 1.) Idiopathic: The cause is known, but typically affects females more than males aged 40-60.
- 2.) Systemic: Associated with a systemic conditions 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

___ Wrist extensor strengthening- start wrist curls with 1 lb. >> progress to 12 lbs.

___ Modalities prn

Treatment: _____ times per week Duration _____ Weeks _____ Home Program

**Please send progress notes.

**Physician's
Signature:** _____
Stephan J. Sweet, M.D., M.P.H.