

**PHYSICAL THERAPY PRESCRIPTION**

**DIAGNOSIS: (LEFT/ RIGHT)**

**DATE** \_\_\_\_\_

**SHOULDER PHYSICAL THERAPY PRESCRIPTION**

\_\_\_ Range of Motion Active/ Active- Assisted/ Passive

\_\_\_ Posterior Capsule Stretching after warm up

\_\_\_ Emphasize Internal Rotation

\_\_\_ Rotator Cuff 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 and 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**

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_

Stephan J. Sweet, M.D., M.P.H.