

**PHYSICAL THERAPY PRESCRIPTION**

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

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

**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  
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 and Stabilization exercises  
Sport-specific Strengthening with Theraband  
Plyometric program for Overhead Athletes

\_\_\_ Modalities prn

**Treatment:** \_\_\_\_\_ **times per week**                      \_\_\_\_\_ **Home Program**

**Duration:** \_\_\_\_\_ **weeks**

\*\*Please send progress notes.

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