

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS: (LEFT/ RIGHT)

DATE _____

SCAPULAR MUSCLE REHABILITATION PHYSICAL THERAPY PRESCRIPTION

Scapular Muscle Rehabilitation: (1) Isometrics {2} Closed Chain (3) Open Chain

Include manual therapy and active release

Isometrics:

__ Scapular Pinch (Retraction)

__ Shrug (Elevation)

Closed Chain:

__ Hand Stabilized on wall or on a ball on the wall >> Scapular elevation,
Retraction, Depression, Protraction

__ Push-ups

__ Press-ups

Open Chain:

__ Plyometrics

_ Proprioceptive Neuromuscular Facilitation

__ Machines: Pulldown, Upright rows, Presses

Progress to Rotator Cuff strengthening after Scapular strengthening is in progress

For Throwers: consider entire kinetic chain. Start rehabilitation with emphasis on leg, low back, trunk, abdominal strengthening.

Treatment: _____ times per week _____ Home Program

Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____

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