

UCLA OUTPATIENT REHABILITATION SERVICES	
<input type="checkbox"/> WESTWOOD 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	<input type="checkbox"/> SANTA MONICA 1260 15 th St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	

SHOULDER PHYSICAL THERAPY PRESCRIPTION

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

- 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

- Begin with Isometrics for Rotator Cuff
 - 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
- Emphasis on Scapular Stabilizers / Humeral Head depressors
- Posterior Capsule stretching after warm-up
- Return to Sport Phase:
 - Emphasize eccentric Rotator Cuff and scapula 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: _____ **Date:** _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

Sports Medicine, Shoulder Surgery and Cartilage Restoration
UCLA Department of Orthopaedic Surgery
David Geffen School of Medicine at UCLA
10833 Le Conte Avenue, 76-143 CHS
Los Angeles, CA 90095-6902
Phone: (310) 825-6095
Fax: (310) 825-1311
CA License: A126262