

PHYSICAL THERAPY PRESCRIPTION



THOMAS KREMEN, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
UCLA DEPARTMENT OF ORTHOPAEDIC SURGERY
(310) 825-7077 OFFICE
(310) 825-1311 FAX
CA License: A101807

PATIENT STICKER

Diagnosis: (LEFT / RIGHT) _____

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 **Duration:** _____ weeks

Transition to home program once appropriate: _____

Physician's Signature: _____
Thomas Kremen, MD, UCLA Department of Orthopaedic Surgery