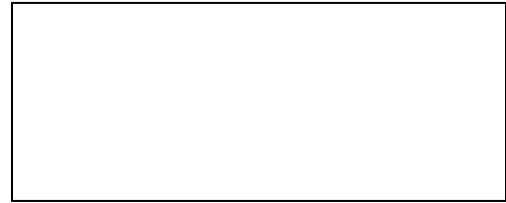


PHYSICAL THERAPY PRESCRIPTION



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Diagnosis: (LEFT / RIGHT)

SHOULDER PHYSICAL THERAPY PRESCRIPTION

___ Ice / Massage / Anti-Inflammatories / Modalities PRN

___ Ultrasound / Phonophoresis / Iontophoresis/ E-stim / Moist Heat / Ice

___ Exercises and ROM limits per the accompanying protocol

___ PROM while supine only at this time

___ Posterior capsule stretching after warm-up

___ Range of Motion Active / Active-Assisted / Passive

___ Rotator cuff and deltoid isometrics

___ Rotator cuff, deltoid and scapular stabilization program exercises

 Begin below horizontal with rotator cuff isometrics

 Progress to theraband, then isotonic

___ Progress to deltoid, lats, triceps and biceps, progress scapular stabilizers to isotonic below horizontal

___ Return to sport phase:

 Emphasize eccentric rotator cuff and scapular stabilization exercises

 Sport-specific strengthening exercises with and without theraband

 Plyometric program for overhead athletes

Treatment: _____ times per week ___ Home Program

Duration: _____ weeks

**Please send progress note basic summary or notes.

Physician's Signature: _____ Date: _____

Thomas Kremen, MD, Attending Orthopaedic Surgeon, UCLA