

Signature:

Blake Fenkell, DO P: 248-828-1100 F: 248-498-7594

fenkellsportsmed.com

## **Upper Extremity- Physical Therapy Prescription**

\*\*\*Please fax weekly assessment/progress notes directly to 248-498-7594\*\*\*

Name:		_ D	ate:	
Diagnosis: R / L		Date of Surgery:		
Frequency: 2-3 times per week for_	weeks,	Therapy to start		
<ul> <li>□ Evaluate and Treat</li> <li>□ Modalities per PT</li> <li>□ Cold/Cryotherapy</li> <li>□ Compression Pump</li> <li>□ AROM</li> </ul>	Throwers/Overhee PROM Stretch 120-130 degree Periscapular S Emphasize See Infraspinatus of Kibler Integrate Instruct home and Posterior Watch scapular retracted durit retracted durit Hip + Core Reformation Strengthe squat, split dead lift) Hip Rotation Abduction Throwers 10 ee  Adhesive Capsulit PROM Stretch Manual GH Gl Joint Mobiliza Distract and S When pain-free	ning Program (goal is ees of ER) strengthening rratus & exercises ted Exercises e Sleeper Stretch capsule stretch a and keep ing all exercise hab ve Single Leg ening (single leg it squat, single leg it no (Lead hip n, bilateral IR + ER) exercises	Lateral/i and Goli PRO Focu Coul	SPORT/WORK TRAINING Focus HEP ADL Training Work Specific Training Sport Specific Training Functional/Return to Sport Testing (FST)  ELBOW Medial Epicondylitis (Tennis fer's Elbow) Program M Stretching Program us ECCENTRIC Training Inter-force bracing Clench/Grip Strength Farm Supination/Pronation Indumbbells St extensors/flexors  WRIST
	to NC Strengti	ienng program		

Date: \_\_\_\_\_