



PHYSICAL THERAPY PRESCRIPTION

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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 _____ Home Program

Duration: _____ weeks

Physician's Signature: _____

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