PHYSICAL THERAPY PRESCRIPTION

SETH C. GAMRADT, MD
ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
Keck School of Medicine of USC
1520 San Pablo Street, Suite 2000
Los Angeles, CA 90033
Phone: 323.442.5860
Fax: 323.442.6952
www.gamradtortho.com

PATIENT STICKER

Diagnosis: (LEFT / RIGHT) _____ **DATE:_____**

DATE OF SURGERY:_____

SHOULDER FRACTURE PHYSICAL THERAPY PRESCRIPTION

___ Range of Motion Active / Active---Assisted / Passive
LIMITS:_____

___ Rotator Cuff and Deltoid Isometrics

___ Rotator Cuff and Deltoid Cuff and Scapular Stabilization program exercises—DO NOT BEGIN UNTIL ROM 75% NORMAL (8---12 WEEKS POSTOP)
Begin below Horizontal
Begin with Isometrics for Rotator Cuff
Progress to Theraband, then to Isotonics

___ Progress to Deltoid, Lats, Triceps and Biceps. Progress Scapular Stabilizers to Isotonics below Horizontal

___ Return to Sport Phase:
Emphasize Eccentric Rotator Cuff and Scapular Stabilization exercises Sport---specific Strengthening exercises Sport---specific Strengthening with Theraband
Plyometric program for Overhead Athletes

___ Modalities PRN Ultrasound / Phonophoresis / E---stim / Moist Heat / Ice

Treatment: _____ times per week **___ Home Program**

Duration: _____ weeks **Re---evaluate at 12 weeks**

Physician's Signature:_____
Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC