GAMRADT ORTHOPEDICS

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

Diagnosis: (LEFT / RIGHT)

DATE:_____

SHOULDER PHYSICAL THERAPY PRESCRIPTION

___ Range of Motion Active / Active---Assisted / Passive

___ Posterior Capsule Stretching after warm---up

___ Emphasize Internal Rotation

___ Rotator Cuff and Deltoid Isometrics

___ Rotator Cuff and Deltoid Cuff and Scapular Stabilization program
exercises 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