



PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

Diagnosis: (LEFT / RIGHT) Impingement Syndrome Shoulder / Rotator Cuff Tendonitis

DATE: _____

SHOULDER PHYSICAL THERAPY PRESCRIPTION

- ___ Range of Motion (Increase IR) Active / Active---Assisted / Passive
 - ___ Rotator Cuff and Scapular stabilization program exercises, begin below horizontal
 - ___ Progress to 45 / 90 as tolerated in pain free arc
 - ___ Begin with Isometrics for Rotator Cuff
 - Progress to Theraband, then to Isotonics
 - Limit ER to neutral if (+) Biceps Tendonitis
 - ___ Progress to Deltoid, Lats, Triceps, and Biceps
 - Progress scapular stabilizers to Isotonics below horizontal
 - ___ Posterior Capsule stretching after warm---up
 - ___ Return to Sport Phase:
 - Emphasize eccentric Rotator Cuff and scapula stabilization exercises
 - Sport specific strengthening with Theraband Plyometric program for overhead athletes
 - ___ Modalities prn
- Treatment:** _____ times per week ___ Home Program
- Duration:** _____ weeks

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

