

## **Physical/Occupational Therapy Prescription**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Shoulder pain \_\_\_\_\_ Code: \_\_\_\_\_ M25.519 \_\_\_\_\_

Procedure: \_\_\_\_\_ Shoulder Arthroscopy \_\_\_\_\_ Surgery Date: \_\_\_\_\_

---

### **Instructions:**

#### Range of motion:

- Sling as needed.
- Begin immediate range of motion including scapular range of motion.
- Progress from passive to active-assisted to active motion as tolerated.
- Begin with pendulums, pulleys, and wand/cane exercises.
- Avoid cross-body adduction and rotational motions in flexion or abduction until 140° elevation and 40° external rotation in adduction have been achieved.

#### Strengthening:

- Begin strengthening once pain has subsided and the patient is progressing towards symmetric active range of motion, which usually occurs at four weeks post-operatively.
- Begin with isometrics with the arm in adduction and progress to bands/light weights as tolerated.
- Focus strengthening upon the rotator cuff, deltoid, and scapular stabilizers.
- Do not strengthen the rotator cuff more frequently than three times per week to avoid tendonitis.
- Avoid positions of impingement during strengthening.
- Begin eccentrics, plyometrics, and sport-specific exercises at two months post-operatively.
- Return to most athletics at three months.
- Collision sports at 4.5 months post-operatively.

Please provide a home exercise program.

---

### **Modalities**

Heat before and ice after therapy. Remaining modalities per therapist.

---

Frequency: 3 times/week                      Duration: 6 weeks

---

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