

Physical Therapy Prescription

Jesse Kaplan, MD, MBA

Hand and Upper Extremity Surgery

101 The City Drive South,

Pavilion III, Building 29A

Orange, CA 92868

Phone: 714-456-7012

www.jessekaplanmd.com

UCI Health

Department of Orthopaedic Surgery

Patient Sticker

Diagnosis: Impingement Syndrome Shoulder / Rotator Cuff Tendonitis

SIDE: RIGHT LEFT

DATE: _____

SHOULDER PHYSICAL THERAPY PRESCRIPTION

___ Range of Motion (Increase IR) Active / Active-Assisted / Passive

___ Offer-Levy Deltoid Conditioning Program

___ 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

___ Modalities prn

Treatment: 1-2 2-3 times per week for _____ weeks.

Home Program

Physician's Signature: _____

Jesse Kaplan, MD