



Travis G. Maak, M.D.
590 Wakara Way
Salt Lake City, UT 84108
Tel: (801) 587-7109
Fax: (801)587-7112
Lic. # 8234797-1205

Physical Therapy Prescription Shoulder Pain

Patient Name:

Today's Date:

Dx:

- 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
- Limit ER to neutral if Biceps Tendonitis
- 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

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature: _____ **M.D.**