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## Physical Therapy Prescription Impingement Syndrome

**Patient Name:**

**Today's Date:**

**Dx: ( LEFT / RIGHT ) Shoulder - IMPINGEMENT SYNDROME / ROTATOR CUFF TENDONITIS**

Ofer-Levy Exercises

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

Emphasis on Scapular Stabilizers / Humeral Head depressors

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

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

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**