



**Xinning Li, M.D.**



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**SHOULDER PHYSICAL THERAPY PRESCRIPTION**

**Patient Name:**

**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

**Treatment:** \_\_\_\_\_ times per week      \_\_\_ Home Program

**Duration:** \_\_\_\_\_ weeks      Re-evaluate at 12 weeks

\* Please send progress notes \*

**Physician's Signature:** \_\_\_\_\_

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