

PHYSICAL THERAPY PRESCRIPTION

Jeffrey Wong, MD

SCOS Orthopedic Specialists
18785 Brookhurst Street, Ste 100
Fountain Valley, CA 92708
(714) 500-5056 Phone
(949) 900-2116 Fax

DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: FROZEN SHOULDER

Right Left Bilateral

UNDERLYING PHILOSOPHY: RESTORE RANGE OF MOTION FIRST THEN BEGIN STRENGTHENING. THIS WILL BE A SLOW PROCESS THAT CAN TAKE 12-18 MONTHS

Range of Motion (Increase IR, ER, FE, ABD) - Active Active-Assisted Passive

Rotator Cuff and Scapular stabilization program exercises

Begin strengthening once 80% of ROM restored

Begin below horizontal, progress to 90 deg as tolerated in pain free arc

Isometrics -> bands -> isotonics

Modalities prn

___ Other: _____

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507