

# PHYSICAL THERAPY PRESCRIPTION

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DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: SHOULDER IMPINGEMENT

Right  Left  Bilateral

Range of Motion  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 and then to isotonic

Limit ER to neutral if (+) Biceps Tendonitis

Progress to Deltoid, Lats, Triceps, and Bicep

Progress scapular stabilizers to isotonic below horizontal

Return to Sport Phase:

Emphasize eccentric Rotator Cuff and scapula stabilization exercises

Sport specific strengthening with Theraband

Plyometric program for overhead athletes

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