PHYSICAL THERAPY PRESCRIPTION

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DATE:		
PATIENT NAME:		
D.O.B:	MRN:	
DIAGNOSIS: SHOULDER MUL		
Underlying problem includes:	Weakness / fatigue of scapular stabilizers (especially retractors) Inflexibility of pectoral muscles Anterior capsular laxity Posterior capsular/Rotator cuff tightness Posterior Rotator cuff weakness	
• Avoid/correct excessive initial phase (Acute particular phase progress) and the particular phase phase phase particular phase pha	ties as needed – Phonophoresis / Iontophoresis / Soft Tissue Mobilization / Cryotherapy / Ultrasound kimal isometrics is to isotonic exercises scapular stabilizers - Serratus Anterior, Rhomboids, Lower Trapezius, and Subscapula is with a plus ir elevation (scaption) ps cody ergometry for endurance training lying horizontal flys ing external rotation, prone rowing into external rotation is onto a ball ir omuscular Facilitation patterns to facilitate agonist / antagonist muscle co-contraction rotation) strengthening: goal is ER:IR ratio at least 65% imuscles, posterior capsule, posterior rotator cuff, latissimus. Generally do not need ier	ons
Treatment:		
Duration: ☐ 4 ☐ 6 week	;	
☐ Home Program		
**Please send progress note	5.	
Physician's Signature:		

NPI #: 1164790507