

# PHYSICAL THERAPY PRESCRIPTION

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

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

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

**DIAGNOSIS:** Shoulder Impingement

Right  Left  Bilateral

PROCEDURE: Shoulder Subacromial Decompression and Acromioplasty

DATE OF SURGERY: \_\_\_\_\_

Patients who underwent biceps tenodesis may actively flex and extend arm but cannot do elbow flexion > 1 lb for 6 wks.

Wean from sling

No ROM restrictions - AROM / AAROM / PROM and pendulums allowed immediately

- Begin in supine position
- Transition to seated position as tolerated

Begin strengthening program when full motion achieved

- Begin with bands, advance to light weights and heavier weights as tolerated
- Progress to deltoid, lats, triceps, biceps, scapular stabilizers

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