

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Shoulder stiffness Code: M75.0

Procedure: Arthroscopic capsular release Surgery Date: _____

Instructions:

Range of motion:

- Sling for comfort only, otherwise ok to discontinue on the first day post-operatively.
- Begin immediate and aggressive passive range of motion and capsular mobility in all planes.
- Perform these supervised three times per week and at home three to four times per day.
- Begin scapular mobility exercises immediately as well.
- Initiate active range of motion as tolerated.

Strengthening:

- At six weeks post-operatively begin strengthening of the rotator cuff and scapular stabilizers as tolerated within the limits of motion achieved and while avoiding positions of impingement.
- Avoid rotator cuff strengthening more frequently than three times per week to avoid tendonitis.
- Progress as tolerated.

Please provide with a home exercise program with a focus upon passive external rotation exercises, passive internal rotation exercises, and passive forward elevation exercises.

Modalities

Heat before and ice after therapy. Remaining modalities per therapist.

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____