

## **Physical/Occupational Therapy Prescription**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: Adhesive Capsulitis Code: M75.0

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### **Instructions:**

#### **Range of Motion:**

- Please focus on increasing range of motion, with a focus on forward elevation, adducted external rotation, and adducted internal rotation.
- When working on flexion please block scapulothoracic and emphasize glenohumeral motion.
- No range of motion limitations.
- Mild discomfort while pressing into end-ranges is ok, but frank pain is not.
- Begin gently and progress as tolerated.

#### **Strengthening:**

- Ok incorporate active range of motion and strengthening per therapist's preference, with no specific limitations. However, focus upon motion and not upon strengthening.

#### **Home exercise program:**

- Please provide with a home exercise program including table slides, wall climbs, cane exercises, and sleeper stretches, to be performed 3-4 times per day.

#### **Modalities:**

- Heat, massage, and pain medications before exercises and ice after.
- Remaining modalities per therapist's preference.
- Please apply modalities with the arm at end-ranges of motion, not in neutral-adduction.

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Frequency: 1-2 times/week

Duration 6 Weeks

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_