

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Shoulder pain Code: M25.519

Instructions:

- Active range of motion with a focus on stretching of the posterior capsule and pectoralis minor.
- Strengthening for the scapular stabilizers, specifically the rhomboids, lower and middle trapezius, levator, and serratus anterior.
- Begin with isometric exercises before progressing to closed chain exercises and then to open chain isotonic.
- Incorporate postural education with dual mirror therapy to provide visual feedback on scapular dyskinesia and taping as needed.
- No specific motion or strengthening restrictions.
- Please provide with a home exercise program:
 - o Suggested exercises: scapular retraction, resisted shoulder horizontal abduction, and resisted shoulder external rotation.
- Progress as tolerated.

Modalities

Electric Stimulation Iontophoresis

Heat Ice Massage Per therapist

Frequency: 2-3 times/week Duration: 6 Weeks

Signature: _____ Date: _____