

## **Physical/Occupational Therapy Prescription**

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

Diagnosis: \_\_\_\_\_ Scapulothoracic Bursitis \_\_\_\_\_ Code: \_\_\_\_\_ M75.80 \_\_\_\_\_

Procedure: \_\_\_\_\_ Arthroscopic Scapulothoracic Bursectomy \_\_\_\_\_ Surgery Date: \_\_\_\_\_

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### **Instructions:**

#### Range of motion:

- Sling for comfort only for the first 48 hours after surgery.
- Begin immediate passive and active range of motion without restriction, including scapular protraction and retraction and progress as tolerated.

#### Strengthening:

- Ok to begin strengthening including the scapular stabilizers as soon as full symmetric active range of motion is recovered, which typically occurs at four weeks post-operatively.
- Plan for return to full occupational and athletic activity at six weeks post-operatively.

#### Limitations:

- No specific limitations.

Please provide a home exercise program with a focus on scapular posture and strengthening of the scapular retractors and force couple.

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### **Modalities**

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

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Frequency: 3 times/week                      Duration: 6 weeks

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