

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: _____ Scapulothoracic Bursitis _____ Code: _____ M75.80 _____

Procedure: _____ Arthroscopic Scapulothoracic Bursectomy _____ Surgery Date: _____

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.

Modalities

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

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____