

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Adhesive Capsulitis Code: M75.0

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.

Frequency: 1-2 times/week

Duration 6 Weeks

Signature: _____ Date: _____