

## Physical/Occupational Therapy Prescription

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

Diagnosis: Rotator Cuff Tear/ Tendonitis Code: M75.10

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### **Instructions:**

#### **Manual Therapy:**

- GOAL- Increase joint mobility to improve flexion, abduction, internal rotation, and external rotation.
- Please focus on joint mobilization as appropriate per patient for shoulder, shoulder girdle, cervical spine and upper thoracic spine.
  - Stretch/release the pectoralis major and minor, upper trap, sternocleidomastoid, and scalenes.

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

- GOAL- Progress from active assisted range of motion to active range of motion.
- Please focus on increasing range of motion via active assisted and active range of motion, with an emphasis on forward elevation, abduction, external rotation, and internal rotation.
  - When working on flexion please block scapulothoracic and emphasize glenohumeral motion.
  - Please work to stretch the anterior and posterior capsule as needed per patient.
  - No range of motion limitations.
  - Mild discomfort while pressing into end-ranges is ok, but frank pain is not.
  - Assist the patient in relaxation of the upper trap.

#### **Strengthening:**

- GOAL- Achieve increased shoulder strength.
- Ok to incorporate active range of motion and strengthening per therapist's preference, with no specific limitations. However, focus upon motion and not upon strengthening.
  - Begin by assuring the patient has adequate core and periscapular strength/stability.
  - Strengthen the rotator cuff muscles.
  - If patient presents with limited forward elevation Jackins' exercises should be used.

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

- Please provide with a home exercise program. Once the patient advances past manual therapy they may progress to a home exercise program.

#### **Modalities:**

- Heat, massage, and pain medications before exercises and ice after.

#### **Frequency Note:**

- The patient should work on motion and flexibility daily and strengthening 3 times per week.

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Frequency: 1-3 times/week

Duration 12 Weeks

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