

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Shoulder pain Code: M25.519

Instructions:

- Muscles to focus upon: *Rhomboids, Trapezius, Levator, and Serratus Anterior.*
- Phase I:
 - o Goals: Initiate voluntary control, re-establish balance, and normalize mobility.
 - o Incorporate postural education.
 - o Suggested exercises:
 - Prone horizontal abduction in neutral rotation and external rotation
 - Supine *Serratus Anterior* punches
 - Standing scapular retractions against resistance bands
 - Standing table lifts with scapular retraction
 - Push-ups onto the wall
 - Sidelying neuromuscular control drill (with resistance)
 - Prone rowing with dumbbells
 - *Pectoralis minor* and posterior capsular stretching
 - Adducted and abducted internal and external rotational strengthening.
 - Core strengthening (planks) if shoulder is pain free during these exercises.
- Phase II:
 - o Goals: Improve balance, enhance stabilize, improve proprioception
 - o Suggested exercises:
 - *Pectoralis minor* stretching
 - Prone rowing
 - Prone horizontal abduction on a ball in "I", "W", "T", and "Y" formations
 - Standing table lifts with retraction and external rotation
 - Push-ups onto a ball (table)
 - Push-ups onto two plyoballs onto the wall
 - Sidelying neuromuscular control drills with and without resistance
 - Core strengthening (planks)
- Please provide with a home exercise program to be performed throughout
- Progress as tolerated.

Modalities

Electrical Stimulation Heat Ice Per therapist

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

Signature: _____ Date: _____