

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

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

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 confirming 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.

Frequency:	1-3 times/week	Duration	12 Weeks
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Signature: _____ Date: _____