

Signature:

Stephen G. Thon, MD

Date:

Upper Extremity Physical Therapy Prescription



Physical Therapy Prescription

Please fax progress notes to Advanced Orthopedics & Sports Medicine at 720-895-1121

| Name: | | | Date of Surgery: | | | |
|--|-------|--|---|---|---|--|
| Diagnosis: R / L | | | | | | |
| Frequency: 2-3 times per wee | k for | weeks, | Therapy to start 3-5 | days afte | r surgery | |
| GENERAL Evaluate and Treat Modalities per PT Cold/Cryotherapy Compression Pump Iontophoresis | | ling | THERAPEUTIC EX Gait and Balance Proprioception ¹ Aquatic Therapy Eccentric Training Plyometrics | e Tx / | SPORT/WORK TRAINING Focus HEP ADL Training Work Specific Training Sport Specific Training Functional/Return to Sport Testing (FST) | |
| SHOULDER Rotator Cuff Program PROM Stretching program Distract and Stretch (focus IR/ER) Strengthening of RC, no thumb down exercises Periscapular Strengthening Emphasize Serratus & Infraspinatus exercises Watch scapula and keep retracted during all exercise | | 5 5 (5 | | and Golfe PROM Focus Coun Fist C Forea with | ELBOW Lateral/Medial Epicondylitis (Tennis and Golfer's Elbow) Program PROM Stretching Program Focus ECCENTRIC Training Counter-force bracing Fist Clench/Grip Strength Forearm Supination/Pronation with dumbbells Wrist extensors/flexors | |
| Scapular Dyskinesia Strengthening of RC, no thum down exercises Periscapular Strengthening Emphasize Serratus & Infraspinatus exercises Watch scapula and keep retracted during all exercise McConnell taping of scapula retraction 2 times per week, leave on | | Progressive Strengthe squat, spling dead lift) Hip Rotation Abduction Throwers 10 etc. PROM Stretch Manual GH GI Joint Mobilizad Distract and Strengther Street and Strengther Street and Strengther Street and Street | ve Single Leg ning (single leg it squat, single leg ion (Lead hip n, bilateral IR + ER) exercises is ning program ides | | | |

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