

Upper Extremity - Physical Therapy Prescription

Please fax weekly assessments/progress notes directly to DM Ortho at 303-789-3010

Name:		Date:		
Diagnosis: R / L		Date of Surgery:		
Frequency: 2-3 times per week	forweeks,	Therapy to start		
 Evaluate and Treat Modalities per PT Cold/Cryotherapy Compression Pump And And And And And And And And And And	MANUAL THERAPY ectrical Stimulation assage Therapy ry Needling ROM ROM Stretching ogram	THERAPEUTIC EXE Gait and Balance Proprioception T Aquatic Therapy Eccentric Trainin Plyometrics	e E Focus HEP x ADL Training Work Specific Traini	ng ng
SHOULDER Rotator Cuff Program PROM Stretching program Distract and Stretch (focus IR/E Strengthening of RC, no thumb down exercises Periscapular Strengthening Emphasize Serratus & Infraspinatus exercises Watch scapula and keep retracted during all exercise Strengthening of RC, no thumb down exercises Periscapular Strengthening Emphasize Serratus & Infraspinatus exercises Periscapular Strengthening Emphasize Serratus & Infraspinatus exercises Watch scapula and keep retracted during all exercise McConnell taping of scapula int retraction 2 times per week, leave on_	120-130 degre Periscapular S Emphasize Se Infraspinatus Kibler Integrat Instruct home and Posterior Watch scapular retracted duri Hip + Core Re Progressiv Strengthe squat, spl dead lift) Hip Rotati Abductior Adhesive Capsulit. PROM Stretch Manual GH Gl Joint Mobiliza When pain-fre	ning Program (goal is ees of ER) Strengthening rratus & exercises ted Exercises e Sleeper Stretch capsule stretch a and keep ing all exercise hab ve Single Leg ening (single leg it squat, single leg it squat, single leg is ning high reg inn, bilateral IR + ER) exercises	ELBOW Lateral/Medial Epicondylitis (Tent and Golfer's Elbow) Program PROM Stretching Program Counter-force bracing Fist Clench/Grip Strength Forearm Supination/Pronation with dumbbells Wrist extensors/flexors WRIST	