



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Frozen Shoulder **Code:** M75.0

Procedure: Arthroscopic Capsular release

Surgery Date:

Instructions:

Range of motion:

- Sling for comfort only, otherwise ok to discontinue on the first day post-operatively.
- Begin immediate and aggressive passive range of motion and capsular mobility in all planes.
- Perform these supervised three times per week and at home 3 to 5 times per day.
- Begin scapular mobility exercises immediately as well.
- Initiate active range of motion as tolerated

Strengthening:

- At 6 weeks post-operatively begin strengthening of the rotator cuff and scapular stabilizers as tolerated within the limits of motion achieved and while avoiding positions of impingement.
- Avoid rotator cuff strengthening more than three times per week to avoid tendonitis.
- Progress as tolerated.

Please provide with a home exercise program with a focus upon passive external rotation exercises, passive internal rotation exercises, and passive forward elevation exercises.

Modalities: Heat before and ice after therapy.

Frequency: 2-3 times/week

Duration: 6 weeks

Signature:

Date:

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