



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Rotator Cuff Tendonitis

Code: M75.10

Procedure: None

Surgery Date:

Instructions: PT TO EVAL AND TREAT

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.
- Posterior capsular stretching: X-body, Sleeper stretch, Towel stretch
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Strengthening:

- Rotator cuff strengthening as tolerated.
- Periscapular muscle stabilization exercises.

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.

Limitations: Progress as tolerated

Modalities: Heat before and ice after therapy.

Frequency: 2-3 times/week

Duration: 6 weeks

Signature:

Date: