



**Physical/Occupational Therapy Prescription**

**Name:**

**Date of Birth:**

**Diagnosis:** Rotator Cuff Tendonitis

**Code:** M75.10

**Procedure:** None

**Surgery Date:**

**Instructions:**

**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:**

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