



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Scapulothoracic Bursitis **Code:** M75.80

Procedure: Scapulothoracic Bursectomy

Surgery Date:

Instructions:

Range of motion:

- Sling for comfort only for the first 48 hours after surgery.
- Begin immediate passive and active range of motion without restriction, including scapular protraction and retraction and progress as tolerated

Strengthening:

- Ok to begin strengthening including the scapular stabilizers as soon as full symmetric active range of motion is recovered, which typically occurs at four weeks post-operatively.
- Plan for return to full occupational and athletic activity at six weeks post-operatively.

Please provide a home exercise program with a focus on scapular posture and strengthening of the scapular retractors and force couple

Limitations: None

Modalities: Heat before and ice after therapy. Other modalities at therapist's discretion.

Frequency: 2-3 times/week

Duration: 6 weeks

Signature:

Date: