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**Physiotherapy Prescription - Shoulder**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_.

Diagnosis: \_\_\_\_\_.

Home exercise programme ( )

Aquatic therapy ( )

**Range of Motion:**

Passive

None ( )

Full ( )

Forward Flexion ( )

Scaption ( )

External Rotation ( )

Internal Rotation ( )

Active-assisted

None ( )

Full ( )

Forward Flexion ( )

Scaption ( )

External Rotation ( )

Internal Rotation ( )

Active

None ( )

Full ( )

Pendulums ( )

Forward Flexion ( )

Scaption ( )

External Rotation ( )

Internal Rotation ( )

**Stretching:**

Gentle PROM ( )

Aggressive PROM ( )

Scapular mobilization ( )

Other: \_\_\_\_\_.

**Strengthening:**

Periscapular stabilisers ( )

Isometrics ( )

Rotator cuff ( )

**Modalities:**

Discretion of therapist ( )

Ultrasound ( )

Iontophoresis ( )

Cryotherapy ( )

Electric stimulation ( )

Dry needling ( )

Deep tissue massage ( )

**Sling/brace:**

Full time ( )

When in public ( )

Comfort only ( )

Wean as tolerated ( )

Duration of therapy: \_\_\_\_\_ times per week, for \_\_\_\_\_ weeks

Signature: \_\_\_\_\_.