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Shoulder Rehabilitation Prescription

Patient Name: _____ Date: _____

Shoulder: Right Left bilateral

Diagnosis: _____

Surgery Date: _____

Protocol:

_____ Rotator cuff strengthening: low weight (no more than 1lb), high rep (work up to 3 sets X 50 reps)

_____ Scapular stabilizer strengthening: low weight, high rep

_____ Eccentric biceps strengthening

_____ ROM/stretching

DO NOT USE BANDS FOR STRENGTHENING!

Modalities:

_____ Ultrasound

_____ E-stim

_____ Russian stim

_____ Modalities PRN

Frequency: _____ times/week X _____ weeks

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