



CONCORD ORTHOPAEDICS

PHYSICAL THERAPY REFERRAL

#4

LOCATION: _____

PHONE #: _____

PATIENT'S NAME: _____

DOB: _____

DIAGNOSIS: ADHESIVE CAPSULITIS R / L

- TREATMENT:
1. PAIN RELIEF (IS FIRST GOAL)*
 2. RANGE OF MOTION *
 - A. INITIALLY PENDULUMS ONLY
 - B. WALL CLIMB
 - C. PULLEYS
 - D. DO **NOT** PUSH PROM TOO EARLY (WILL EXACERBATE PAIN/STIFFNESS)**
 3. AQUATIC THERAPY (MAY HELP FACILITATE ROM)
 4. SCAPULAR STABILIZATION
 5. IONTOPHORESIS w/ Dexamethasone 0.4%
 6. PHONOPHORESIS w/ Betamethasone 0.1%
 7. ULTRASOUND
 8. STRENGTHENING (ISOMETRICS → THERABAND → PRE'S)
 9. DEVELOP HOME EXERCISE PROGRAM

*MAY NOT BE ABLE TO FACILITATE INCREASED ROM UNTIL PAIN DECREASES

**BE CAREFUL NOT TO PUSH PROM EFFORTS TOO EARLY AS WILL OFTEN EXACERBATE SYMPTOMS

FREQUENCY: 2 TIMES PER WEEK FOR 8 – 12 WEEKS

PHYSICIAN SIGNATURE: _____

DATE: _____

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