



Rotator Cuff Dysfunction R / L

Physical Therapy Referral

Peter G. Noordsij, M.D.

Patient Name: _____ **DOB:** _____

Precautions/notes:

1. _____
2. _____
3. _____

Treatment:

1. Range of Motion
2. Pain Relief
3. Strengthening (Isometrics → Theraband → Preø)
4. Scapular Stabilization
5. Iontophoresis with Dexamethasone 0.4%
6. Phonophoresis with Betamethasone 0.1%
7. Aquatic Therapy (If Necessary)
8. Develop Home Exercise Program

Frequency: 2 times per week for 8 ó 12 weeks

Peter G. Noordsij, MD

Date

*e-mail with questions at peter.noordsij@concordortho.com or call my secretary at 603-224-3368.