



Michael S. Day, MD, MPhil

WellSpan Orthopedics

120 North Seventh Street, Chambersburg, PA 17201, Suite 101

Tel: (717) 263-1220; Fax: (717) 263-6255

Patient: _____

Diagnosis: _____

Date: _____ **Site:** R L

Frequency: ____ per week, for ____ weeks

MODALITIES:

- Modalities as Needed
- Cryo-therapy
- Aqua-therapy
- Ultrasound
- Whirlpool
- Sensory Re-education
- Soft Tissue Manipulation
- Other: _____
- Moist Heat
- Massage
- NMES
- TENS
- Scar Massage

EXERCISE:

- AROM (Arc: _____) Prone Supine
- AAROM (Arc: _____) Prone Supine
- PROM
- Elbow / Hand Gripping & ROM Exercises
- Scapular stabilization exercises
- Sub-maximal Pain Free Isometrics
(Flexion/ABD/ER/IR/Elbow Flexors)
- Proprioceptive Training
- Core UE Strengthening
 - Closed Chain
 - Open Chain
- Patient Education / Home Program
- Sport Specific Training

PRECAUTIONS:

- No Overhead Reaching
- No Lifting of Heavy Objects (>____lb)
- No Excessive Shoulder Extension

SPECIAL REHABILITATION PROGRAMS:

- Rotator Cuff Strengthening
- Adhesive Capsulitis
- Cervical Radiculopathy
- Other: _____

BRACING / EQUIPMENT

- Sling
- Work Conditioning / Hardening Program
- Work Site/Task Analysis – Assessment & Evaluation
- Other: _____

- Brace
- Cryocuff

Please send progress notes.

Physician's Signature: _____

(I have medically prescribed the above treatments)

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