

PHYSICAL THERAPY ORDERS: SHOULDER & ELBOW SERVICE

DIAGNOSIS	Right/Left
PRECAUTIONS	

POST-OP INSTRUCTIONS:

- ☐ Continuous Passive Motion (CPM)
- ☐ Exercises in Plane of Scapula Only
- ☐ Pulley and Instruction
- ☐ Sling when arm at risk
- ☐ Sling or brace at all times
- ☐ Elbow range of motion
- ☐ Grip strengthening
- ☐ AAROM: Forward Elevation to _____°
- ☐ AAROM: External Rotation to _____°
- ☐ AAROM: Internal Rotation: up back
- ☐ AAROM: Int. Rotation: in abduction
- ☐ AAROM: Cross-Body Adduction
- ☐ Isometric Ext. Rotator Strengthening
- ☐ Isometric Int. Rotator Strengthening
- ☐ Isometric Abductor Strengthening
- ☒ Graph progress on wall charts
- ☒ Provide patient with written copy of home exercise program

STRETCHING:

- ☐ Four Quadrant (FE, ER, IR, CBA)
- ☐ Forward Elevation
- ☐ External Rotation
- ☐ Internal Rotation: up back
- ☐ Internal Rotation: in abduction
- ☐ Cross-Body Adduction
- ☐ Elbow (Flex, Ext, Pron, Sup)
- ☐ Medial Epicondylitis Program
- ☐ Lateral Epicondylitis Program

STRENGTHENING:

- ☐ Rotator Cuff (ER, IR, ABD)
- ☐ External Rotators
- ☐ Internal Rotators
- ☐ Abductors
- ☐ Flexors
- ☐ Extensors
- ☐ Scapular Stabilizers
 - ☐ Shoulder Shrugs
 - ☐ Rhomboid Pinch
 - ☐ Lat Pull-downs
 - ☐ Forward Punch
 - ☐ Internal Rotators
- ☐ Bench Press
- ☐ Bench Press Plus
- ☐ Lat Pull-downs
- ☐ Prog. two hand supine bench press
- ☐ Biceps: Curls/Supination
- ☐ Rowing
- ☐ Nordic Track
- ☐ Swimming
- ☐ Water Exercises
- ☐ Additional Instructions:

- ☐ One Visit: Home Program Instruction
- ☐ _____ visit/week for _____ weeks

PHYSICIAN SIGNATURE	PRINT NAME	PAGER	UPIN	DATE	TIME
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PT.NO

NAME

DOB

UW Medicine

Harborview Medical Center – UW Medical Center
University of Washington Physicians
Seattle, Washington

PHYSICAL THERAPY ORDERS

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WHITE - MEDICAL RECORD
CANARY – PHYSICAL THERAPY
PINK - NURSING

PHYSICIAN ORDER – YELLOW