



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

## SHOULDER BICEPS / LABRUM PAIN / INSTABILITY (NON-OP)

### NON-OP PHYSICAL THERAPY PROTOCOL

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Patient Name:	Date:
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<u>X</u> Evaluate and Treat <u>X</u> Provide patient with home program

Frequency: <u>2-3</u> x/week x <u>6</u> weeks

#### Modalities:

 $\underline{X}$  Phonophoresis with 0.05% Fluocinonide

 $\underline{X}$  Iontophoresis with 4mg/ml Dexamethasone

 $\underline{X}$  Ultrasound



#### Exercises:

- <u>X</u> Cervical Stabilization Program
- <u>X</u> Shoulder Impingement Exercise
- $\underline{X}$  Shoulder Gentle Hands on Passive ROM
- <u>X</u> Scapular Stabilization Program
- <u>X</u> Instability Strengthening Program

#### **Special Instructions:**

Shoulder Muscular Strengthening, Stabilization

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient <u>would X</u> would not benefit from social services.

Date:\_\_\_\_\_

Bryan M. Saltzman, MD