



# Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

# **ROTATOR CUFF BURSITIS / IMPINGEMENT (NON-OP)**

# NON-OP PHYSICAL THERAPY PROTOCOL

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www.bryansaltzmanmd.com

Patient Name:	<u> Date:</u>
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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
- <u>X</u> Ultrasound



<u>X</u> Dry Needling\*

<u>X</u> Electrical Stimulation

#### 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

#### **Special Instructions:**

Shoulder ROM, stretching, strengthening to tolerance

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:\_\_\_\_\_

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