



Indiana University Health

IU Health Physicians Orthopedics & Sports Medicine

SHOULDER ADHESIVE CAPSULITIS (NON-OP)

NON-OP PHYSICAL THERAPY PROTOCOL

Bryan M. Saltzman, M.D.

Indiana University Health Physicians
Assistant Professor of Orthopaedic Surgery, Indiana University
Sports Medicine, Cartilage Restoration, Shoulder/Elbow
IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202
IU Health North – 201 Pennsylvania Pkwy #100, Carmel, IN 46280
317-944-9400

www.bryansaltzmanmd.com

Patient Name:	<u>Date</u> :
X Evaluate and Treat Frequency: 2-3 x/week	_X_ Provide patient with home program x6weeks
Modalities:	
X Phonophoresis with 0.05% Fluocinonic	de
X Iontophoresis with 4mg/ml Dexametha	asone

Date: Bryan M. Saltzman, MD
By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient $\underline{\hspace{0.2cm}}$ would $\underline{\hspace{0.2cm}} \underline{\hspace{0.2cm}} \underline{\hspace{0.2cm}}$ would not benefit from social services.
Shoulder ROM, stretching, strengthening
Special Instructions:
X Scapular Stabilization Program
X Shoulder Aggressive Hands-on Passive ROM
X Shoulder Impingement Exercise
Exercises:
X Electrical Stimulation
X Dry Needling*
X Ultrasound