



4501 Mission Bay Drive, Ste. 3K, San Diego, CA 92109, Phone (858) 866-0340

Physical Therapy for Shoulder Pain

The shoulder is a complex ball and socket joint mostly supported by ligaments and muscles. The shoulder is an extremely mobile joint allowing to reach in many directions. Pain in the shoulder can be caused by many factors such as: overhead activities, sports, poor sitting posture, trauma, mechanical / joint changes, and other factors. Some common terminology of shoulder problems are rotator cuff tendonitis, biceps tendonitis, shoulder bursitis, adhesive capsulitis, frozen shoulder, degenerative joint disease, and shoulder fractures.

Shoulder pain as the result of trauma may require medical attention. There are cluster of tests that can help the practitioner make a diagnosis for shoulder pain. Combination of Hawkins-Kennedy test, painful arc test, and weakness in external rotation (with arm at side) provides high probability for any degree of impingement syndrome. To diagnose a full thickness rotator cuff tear, the best combination of tests when all are positive, are the painful arc / drop-arm sign / and weakness in external rotation¹.

The shoulder is a mobile joint and with this mobility comes lack of stability which makes it susceptible to injury and pain. By keeping the shoulder mobile and strong, pain can be abolished and future episodes of pain be avoided. Physical therapy can help. The process starts with an initial evaluation and treatment includes home exercises, ther-ex in gym, manual therapy, and use of modalities as needed. (1. Park et al., from JOJS inc. volume 87A-Number 7 – July 2005).

Learn more about us at: www.oceanpt.net

We accept a wide range of insurance carriers as well as cash clients.

Please call us at 858-866-0340 if you'd like more prescriptions sent to you.

If you'd like to have your fax # removed, please notify us via office phone. Thank you.



"Wave Of Recovery"

Ocean Physical Therapy

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Patients Name: _____ Date: _____

Diagnosis: _____ ICD-9: _____

Specific Instructions (as needed): _____

___ Evaluate and Treat (as needed)

- | | |
|--|--|
| <input type="checkbox"/> Manual Therapy - Mobilization | <input type="checkbox"/> Joint Mobilization |
| <input type="checkbox"/> Soft Tissue Massage - Mobilization | <input type="checkbox"/> Neuromuscular Re-education |
| <input type="checkbox"/> Therapeutic Exercise - Active -
Passive - Resistive - Functional | <input type="checkbox"/> Electrical Stimulation - Pain Control |
| <input type="checkbox"/> Gait Training | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Traction (manual) - Cervical -
Pelvic - Extremities | <input type="checkbox"/> Cold Pack |
| <input type="checkbox"/> Simulated Work Hardening - Conditioning | <input type="checkbox"/> Heat Pack |
| | <input type="checkbox"/> Custom Foot Orthotics |
| | <input type="checkbox"/> Other - Specify |

Frequency: ___ per week for ___ weeks Physicians Signature: _____

Print Name: _____ Lic/NPI# _____