

Physical Therapy Treatment Plan

Patient Name: Isabella Thompson

Date of Birth: 08/15/1984

Start of Care: 02/12/2025

Payer: Private Insurance

Hospitalization: None

Diagnosis

The patient has the following diagnoses: Med – Adhesive Capsulitis (Frozen Shoulder) in the right shoulder (M75.0), Tx – Adhesive Capsulitis (Frozen Shoulder) in the left shoulder (M75.1), Tx – pain in the right shoulder (M25.51), and Tx – pain in the left shoulder (M25.52), all with an onset date of 01/01/2025.

Treatment Approaches

- **PT Evaluation** (Initial evaluation of shoulder range of motion (ROM), strength, and functional limitations to assess the severity of the frozen shoulder and plan a course of treatment.)
 - **Manual Therapy** (Joint mobilizations to improve glenohumeral joint mobility, soft tissue mobilizations to reduce muscle tightness, and stretching to increase flexibility.)
 - **Therapeutic Exercises** (Progressive range of motion (ROM) exercises, shoulder strengthening, and stretching exercises to improve functional movement and reduce pain.)
 - **Neuromuscular Reeducation** (Gentle proprioception exercises to retrain movement patterns and improve shoulder control and stability.)
 - **Modalities** (Heat packs to relax muscles, ice for inflammation, and TENS for pain management.)
 - **Functional Training** (Training in activities of daily living to address pain during functional tasks such as reaching overhead or behind the back.)
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Frequency, Duration, Intensity, Certified Period

- **Frequency:** 2-3 sessions per week
- **Duration:** 8-10 weeks
- **Intensity:** Moderate intensity with gradual progression based on symptom response
- **Certified Period:** 02/12/2025 - 04/26/2025

Plan of Treatment

Short Term Goals

1. Isabella will demonstrate 15% improvement in shoulder flexion and abduction ROM within 4 weeks (Target: 03/12/2025).
2. Isabella will be able to perform pendulum exercises with minimal discomfort within 2 weeks (Target: 02/26/2025).
3. Isabella will report a 30% reduction in pain during daily activities (e.g., reaching or lifting) within 4 weeks (Target: 03/12/2025).
4. Isabella will be able to perform self-stretching exercises for the shoulder with correct technique and minimal discomfort within 4 weeks (Target: 03/12/2025).

Long Term Goals

1. Isabella will achieve full pain-free range of motion in shoulder flexion and abduction (greater than 150 degrees) by the end of treatment (Target: 04/26/2025).
2. Isabella will demonstrate the ability to perform activities of daily living (ADLs), such as reaching overhead and behind the back, without pain or functional limitation by the end of treatment (Target: 04/26/2025).
3. Isabella will achieve full strength in the rotator cuff and shoulder stabilizing muscles to prevent future injury by the end of treatment (Target: 04/26/2025).
4. Isabella will independently perform a home exercise program (HEP) for shoulder maintenance and prevention of recurrence by the end of treatment (Target: 04/26/2025).

Patient Goals

- "I want to be able to reach behind my back and raise my arm without pain."
- "I want to return to my normal daily activities without struggling with shoulder stiffness."

Potential for Achieving Goals

- Isabella is highly motivated and committed to her rehabilitation process. She has demonstrated significant potential for recovery based on her prior functional level and current response to physical therapy interventions.

Participation

- Isabella is actively participating in therapy, motivated to regain full shoulder function and return to her prior level of activity.
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Initial Assessment / Current Level of Function & Underlying Impairments

Factors Supporting Medical Necessity

- **Referral:** Isabella was referred for physical therapy due to pain and functional limitation associated with adhesive capsulitis, affecting her ability to perform basic ADLs.
 - **Medical History:** No significant comorbidities, except for a history of shoulder stiffness and pain.
 - **Complexities:** Limited mobility due to the adhesive capsulitis, with difficulty reaching overhead and behind the back, impacting daily activities and quality of life.
 - **Prior Treatment:** Isabella has tried over-the-counter pain medications and self-mobilization techniques with limited relief.
 - **Prior Living Situation:** Active lifestyle, but limited by shoulder pain and stiffness.
 - **Discharge Plan:** Return to full range of motion and pain-free functionality in the shoulder.
 - **Prior Level of Function (PLOF):** Prior to the onset of symptoms, Isabella had no significant limitations in her ability to perform activities requiring shoulder movement.
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Background Assessment

- **Precautions:** Avoid overexerting the shoulder joint during exercises and avoid any sudden or jerky movements that could exacerbate pain or injury.
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Joint ROM / Goniometric Measurements

- **Shoulder Flexion (Right):** 95° (Normal: 180°)
 - **Shoulder Flexion (Left):** 90° (Normal: 180°)
 - **Shoulder Abduction (Right):** 85° (Normal: 180°)
 - **Shoulder Abduction (Left):** 80° (Normal: 180°)
 - **External Rotation (Right):** 30° (Normal: 90°)
 - **External Rotation (Left):** 25° (Normal: 90°)
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Strength / Manual Muscle Testing

- **Rotator Cuff Strength (Right):** 4/5 (Good)
 - **Rotator Cuff Strength (Left):** 3+/5 (Fair+)
 - **Deltoid Strength (Right):** 4/5 (Good)
 - **Deltoid Strength (Left):** 3/5 (Fair)
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Balance

- **Sitting Balance:** Good
 - **Standing Balance:** Good, with minimal difficulty during functional tasks
 - **Reactions & Strategies:** No signs of balance deficits, but limited shoulder mobility may affect dynamic movement.
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Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Normal
 - **Tone and Posture:** Mild forward shoulder posture due to stiffness
 - **Pain and Edema:** Moderate pain (VAS 6/10) with limited motion and occasional swelling
 - **Coordination:** No significant coordination issues
 - **Cognition:** Cognitively intact, understands the importance of rehabilitation and commitment to recovery
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Visual Assessment

- **History and Analysis:** Chronic shoulder stiffness and pain with clear signs of adhesive capsulitis.
 - **Testing:** Positive impingement signs, mild guarding during active shoulder movements, and limited ROM.
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Functional Assessment

- **Reaching Overhead:** Unable to raise arm above head due to pain and stiffness.
 - **Reaching Behind Back:** Difficulty reaching behind the back without pain.
 - **Carrying Objects:** Able to carry light objects with minimal discomfort but cannot perform overhead lifting tasks.
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Objective Tests / Measures & Additional Analysis

- **Assessments:**
 - **Shoulder Pain Severity:** VAS 6/10 with reaching and overhead movements.
 - **ROM Testing:** Limited flexion and abduction bilaterally.
 - **Strength Testing:** Reduced strength in the rotator cuff and deltoid muscles, especially on the left side.
 - **Other:** Home Exercise Program (HEP) including pendulum swings, wall climbs, and external rotation stretches.
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Clinical Impressions

Isabella is presenting with adhesive capsulitis in both shoulders, characterized by significant stiffness, limited range of motion, and pain during functional activities. She has the potential for improvement with a comprehensive physical therapy program focused on joint mobilizations, stretching, strengthening exercises, and functional training. The gradual approach with progressive exercises is expected to restore range of motion and reduce pain over time.

Test/Measures and Outcomes

- **Pain Reduction:** Goal to reduce shoulder pain by 30% in the next 4 weeks with appropriate interventions.
- **ROM Improvement:** Goal to achieve 120° flexion and abduction in 4 weeks.
- **Strength Restoration:** Goal to increase rotator cuff strength to 4+/5 on the left side by the end of treatment.
- **Functional Return:** Goal to achieve full pain-free ROM and the ability to reach overhead and behind the back without discomfort by the end of treatment.