



## Indiana University Health

*IU Health Physicians Orthopedics & Sports Medicine*

### **SCAPULAR DYSKINESIA (NON-OP)**

#### **NON-OP PHYSICAL THERAPY PROTOCOL**

**Bryan M. Saltzman, M.D.**

*Chief, Division of Sports Medicine & Shoulder/Elbow Surgery*

Indiana University Health Physicians

Assistant Professor of Orthopaedic Surgery, Indiana University

Sports Medicine, Cartilage Restoration, Shoulder/Elbow Surgery

IU Health Methodist Medical Plaza North (MSK) – 201 Pennsylvania Pkwy #100,  
Carmel, IN 46280

IU Health Methodist Hospital – 1801 N Senate Ave, Indianapolis, IN 46202  
317-944-9400

[www.bryansaltzmanmd.com](http://www.bryansaltzmanmd.com)

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**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

☒ **Evaluate and Treat** ☒ **Provide patient with home program**

**Frequency:** 2-3 x/week x 6 weeks

**Modalities:**

☒ Phonophoresis with 0.05% Fluocinonide



X Iontophoresis with 4mg/ml Dexamethasone

X Ultrasound

X Dry Needling\*

X Electrical Stimulation

**Exercises:**

X Cervical Stabilization Program

X Shoulder Impingement Exercise

X Shoulder Gentle Hands on Passive ROM

X Scapular Stabilization Program

**Special Instructions:**

*Peri-scapular Stabilization and Strengthening*

**By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_ would X would not benefit from social services.**

\_\_\_\_\_

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

**Bryan M. Saltzman, MD**