

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) ARTHROSCOPIC ACRIOMIOPLASTY AND/OR AC JOINT RESECTION

DATE OF SURGERY _____

ARTHROSCOPIC SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

RECOVERY / RECUPERATION PHASE: WEEKS 0-4

- ☐ Restore full ROM
- ☐ Modalities, Cryocuff / Ice, prn
- ☐ Grip strengthening
- ☐ Codman's / Pendulum exercises – i.e. pulleys, cane, etc.
- ☐ Biceps, Triceps Isotonics. Deltoid Isotonics in plane of Scapula (week #3)
- ☐ Isometrics: Deltoid
 - IR / ER below horizontal
- ☐ Joint mobilization
- ☐ POSTERIOR CAPSULE STRETCH WHEN WARM
- ☐ Cardiovascular training as tolerated

WEEKS 4-10

- ☐ Continue with upper extremity PRE's
- ☐ Continue with Scapular stabilization / strengthening exercises
- ☐ Begin IR / ER Isotonic exercises below horizontal, emphasize Eccentrics
- ☐ Begin IR / ER Isokinetics week #6
- ☐ Begin Biceps PRE's
- ☐ Continue with flexibility activities
- ☐ Begin functional activities week #6
- ☐ Begin plyometrics, limited PRE & speed

RETURN TO SPORT PHASE (POST WEEK 10)

- ☐ IR / ER Isokinetics
- ☐ Trunk exercises for sport specific activities (i.e. tennis, golf, skiing, etc)
- ☐ Aggressive upper extremity PRE's
- ☐ Continue plyometrics
- ☐ Progress PRE's from side for overhead athletes
- ☐ Return to limited sports _____ full activities _____

Treatment: _____ **times per week** **Duration:** _____ **weeks**

Physician's Signature: _____

Joel Weber, MD, Orthopaedic Surgeon