

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

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

DATE OF SURGERY _____

SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

RECOVERY / RECUPERATION PHASE: WEEKS 0-4

- ___ Sling for 3-4 weeks to minimize biceps activity.
- ___ Restore full PROM of shoulder and elbow.
- ___ Modalities, Cryocuff / Ice, prn
- ___ Grip strengthening
- ___ Codman's / Pendulum exercises – i.e. pulleys, cane, etc.
- ___ **No AROM of elbow.**
- ___ Isometrics: Deltoid
 - IR / ER below horizontal
- ___ Joint mobilization

WEEKS 4-8

- ___ Begin AAROM and AROM of shoulder in all planes to tolerance
- ___ Begin AROM elbow flexion, extension, pronation, supination WITHOUT resistance.
- ___ Continue with Scapular stabilization / strengthening exercises
- ___ Begin IR / ER Isotonic exercises below horizontal, emphasize Eccentrics
- ___ Begin IR / ER Isokinetics week #6
- ___ Continue with flexibility activities
- ___ Begin functional activities week #6
- ___ Begin plyometrics, limited PRE & speed

WEEK 8-12

- ___ Begin Biceps strengthening with resistance, start light and progress
- ___ Initiate resisted supination/pronation
- ___ 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 _____

PHYSICAL THERAPY PRESCRIPTION

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

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