

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

**DIAGNOSIS (LEFT / RIGHT) ARTHROSCOPIC LABRAL REPAIR (POSTERIOR)
AND/OR SHOULDER STABILIZATION (POSTERIOR)**

DATE OF SURGERY _____

ARTHROSCOPIC SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

PHASE I (0-4 WEEKS POST-OP) :

- ___ Immobilization for 4-6 weeks. Keep arm on side of body.
- ___ Elbow Active/Active-Assisted ROM : Flexion and Extension
- ___ PROTECT Posterior Capsule from stretch. Limit IR to neutral, Passive FE in Scapular plane to 90 degrees only. NO REACHING ACROSS BODY.
- ___ Deltoid isometrics
- ___ Hand, Wrist, Gripping exercises
- ___ Modalities, Cryocuff / Ice, prn

PHASE II (4-6 WEEKS POST-OP) :

- ___ At 4-6 weeks Passive ROM : pulley for Flexion, Pendulum exercises
- ___ Pool exercises: Active/Active-Assisted ROM Flexion, Extension, Horizontal ADD, Elbow Flexion and Extension
- ___ Deltoid isometrics
- ___ Lightly resisted Elbow Flexion
- ___ Continue with Wrist exercises
- ___ Modalities as needed
- ___ Discontinue sling @ 4-6 weeks

PHASE III (6-12 WEEKS POST-OP) :

- ___ At 6-10 weeks, gradual Active/Active-Assisted/Passive ROM to improve IR with arm at side (limit to 30 degrees IR)
- ___ Progress Flexion to 160 degrees

PHASE III CONTINUED

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- ___ At 10-12 weeks, gradual Active/Active-Assisted/Passive ROM to improve IR with arm in 45 degrees ABD
- ___ Pool exercises: Active ROM in all directions below Horizontal, light resisted motions in all planes
- ___ AROM activities to restore Flexion, IR Horizontal ADD
- ___ Deltoid, Rotator Cuff isometrics progressing to isotonic
- ___ PRE's for Scapular muscles, Latissimus, Biceps, and Triceps
- ___ PRE's working Rotators in isolation (use modified neutral)
- ___ Joint mobilization (posterior glides)
- ___ Emphasize posterior cuff, Latissimus, and Scapular muscle strengthening, stressing eccentrics
- ___ Utilize exercise arcs that protect posterior capsule from stress during PRE's
- ___ KEEP ALL STRENGTH EXERCISES BELOW THE HORIZONTAL PLANE IN THIS PHASE

PHASE IV (12-16 WEEKS POST-OP) :

- ___ Active ROM activities to restore full ROM
- ___ Restore scapulohumeral rhythm
- ___ Joint mobilization
- ___ Aggressive scapular stabilization and eccentric strengthening program
- ___ PRE's for all upper quarter musculature (begin to integrate upper extremity patterns)
 - Continue to emphasize eccentrics and glenohumeral stabilization
 - All PRE's are below the horizontal plane for non-throwers
- ___ Begin isokinetics
- ___ Begin muscle endurance activities (UBE)
- ___ Continue with agility exercises
- ___ Advanced functional exercises
- ___ Isokinetic test
- ___ Functional test assessment
- ___ Full return to sporting activities when strength and motion are 90-95% normal.

ADDITIONAL INFORMATION / INSTRUCTIONS:

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____
Joel Weber, MD, Orthopaedic Surgeon