UCLA OUTPATIENT REHABILITATION SERVICES	
WESTWOOD 1000 Veteran Ave., A level Phone: (310) 794-1323 Fax: (310) 794-1457	**SANTA MONICA** 1260 15th St, Ste. 900 Phone: (310) 319-4646 Fax: (310) 319-2269
FOR APPTS, CALL: (310) 794-1323	
FAX: (310) 794-1457	
Place label here NAME OF PATIENT: _____ MRN: _____	

Kristofer J. Jones, M.D.
Sports Medicine, Shoulder Surgery and Cartilage Restoration
UCLA Department of Orthopaedic Surgery
David Geffen School of Medicine at UCLA
10833 Le Conte Avenue, 76-143 CHS
Los Angeles, CA 90095-6902
Phone: (310) 825-6095
Fax: (310) 825-1311
CA License: A126262

SHOULDER ARTHROSCOPY PHYSICAL THERAPY PRESCRIPTION

Diagnosis: s/p (LEFT / RIGHT) Shoulder Arthroscopy -- Surgery Date: _____

Additional Procedures: Subacromial Decompression Rotator Cuff Debridement Biceps Tenotomy AC Joint Resection Labral Debridement

WEEKS 1-4:

___ Anti-inflammatory Modalities (Ice – 3-4x / day)
___ Range of motion exercises to tolerance in all planes
Emphasize passive supine FF & ER for first 2 visits; incorporate IR, abduction, adduction
___ Codman's, pendulums, pulleys (after FF > 85°), cane-assisted ROM
___ INSTRUCT HOME PROGRAM – TO BE DONE 2x DAILY
___ Biceps / Triceps Isotonics / Elbow & Wrist motion exercises
___ Scapular Stabilization Exercises; Scapular Mobilizations
___ Anterior and Posterior capsular stretch after warm-up
___ Rotator cuff free weight exercises per shoulder impingement program beginning with weight of arm at 2 weeks from date of surgery

Goals: Full AROM at 4 weeks post-op with no pain. No inflammation
Return to work per MD restrictions after 5-10 days

WEEKS 4-8:

___ Range of motion exercises all planes to tolerance (ABD, FF, ADD, ER, IR)
___ Continue upper extremity PRE's, scapular stabilization / strengthening exercises

___ IR / ER isotonic exercises below horizontal (emphasize eccentrics)
___ Biceps PRE's, shoulder & neck flexibility exercises, Modalities PRN >>> Ice – 3-4x / day
___ Increasing emphasis on rotator cuff and peri-scapular muscle strengthening
Rotator cuff free weight exercises per shoulder impingement program progressing up to 3 pounds (no heavier than 3 pounds)
___ Functional activities begin week 6 (ADLs, Sports)
___ Plyometrics

Treatment: _____ times per week Duration: _____ weeks ___ Home Program

**Please send progress notes.

Physician's Signature: _____ Date: _____
Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon