

UCLA OUTPATIENT REHABILITATION SERVICES	
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STERNOCLAVICULAR JOINT PHYSICAL THERAPY PRESCRIPTION

Procedure: s/p (LEFT / RIGHT) _____
 Date of Surgery: _____

WEEKS 1-4:

- FORMCHECKBOX Anti-inflammatory Modalities (Ice – 3-4x / day)
- FORMCHECKBOX Range of motion exercises to tolerance in all planes
Emphasize passive supine FF & ER for first 2 visits; incorporate IR, abduction, adduction
- FORMCHECKBOX Codman's, pendulums, pulleys (after FF > 85°), cane-assisted ROM
- FORMCHECKBOX INSTRUCT HOME PROGRAM – TO BE DONE 2X DAILY
- FORMCHECKBOX Biceps / Triceps Isotonics / Elbow & Wrist motion exercises
- FORMCHECKBOX Scapular Stabilization Exercises; Scapular Mobilizations
- FORMCHECKBOX Anterior and Posterior capsular stretch after warm-up
- FORMCHECKBOX 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
D/C shoulder sling per MD instructions after a minimum of 2 weeks

WEEKS 4-8:

- FORMCHECKBOX Range of motion exercises all planes to tolerance (ABD, FF, ADD, ER, IR)
- FORMCHECKBOX Continue upper extremity PRE's, scapular stabilization / strengthening exercises
- FORMCHECKBOX IR / ER isotonic exercises below horizontal (emphasize eccentrics)
- FORMCHECKBOX Biceps PRE's, shoulder & neck flexibility exercises, Modalities PRN >>> Ice – 3-4x / day
- FORMCHECKBOX 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)
- FORMCHECKBOX Functional activities begin week 6 (ADLs, Sports)
- FORMCHECKBOX 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

Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

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