

<b>UCLA OUTPATIENT REHABILITATION SERVICES</b>	
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FOR APPTS, CALL: (310) 794-1323	
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**OPEN STABILIZATION REHAB FRAMEWORK / PHYSICAL THERAPY  
PRESCRIPTION**

**Diagnosis: s/p ( LEFT / RIGHT ) Shoulder Open Stabilization and/or  
( Latarjet / Coracoid Transfer )  
Surgery Date: \_\_\_\_\_**

**RECOVERY / RECUPERATION PHASE (0-6 WEEKS POST-OP):**

- Immobilization for 3 weeks EXCEPT for exercises
- PROM with pulleys / cane for Flexion (in plane of Scapula) @ 3 weeks
- Codman's, Pendulums in sling. NO ACTIVE IR
- PROTECT ANTERIOR CAPSULE FROM STRETCH - Limit ER to neutral
- POSTERIOR CAPSULE STRETCHING WHEN WARM
- Hand, Wrist, Grip strengthening
- Modalities, Cryocuff / Ice, prn

**6 - 12 WEEKS POST-OP:**

- Active / Active-Assisted Elevation, ER/IR. Use good arm to help operated arm
- At 6-8 weeks: ER to 30° with arm at side
- At 8-10 weeks: ER to 45° with arm at side

- \_\_\_ At 10-12 weeks: ER to 45° with arm in 45° ABD
- \_\_\_ Begin Deltoid and Rotator cuff Isometrics @ 6 weeks. Progress to Isotonics
- \_\_\_ Theraband for ER exercises
- \_\_\_ Continue with Scapula strengthening, increase arc motion
- \_\_\_ Continue with wrist / forearm strengthening
- \_\_\_ Continue with POSTERIOR CAPSULE STRETCHING WHEN WARM
- \_\_\_ Keep all strengthening exercises below horizontal
- \_\_\_ NO PASSIVE STRETCHING. PROTECT ANTERIOR CAPSULE
- \_\_\_ Modalities as needed
- \_\_\_ Discontinue sling @ 4-6 weeks

**LIMITED RETURN TO SPORT PHASE (12 - 20 WEEKS POST-OP):**

- \_\_\_ Active ROM activities to restore full ROM. Restore Scapulo-Humeral rhythm
- \_\_\_ Incorporate rhythmic Scapula stabilization exercises with goal to improve Scapular control
- \_\_\_ Continue Posterior Capsule stretching
- \_\_\_ Continue muscle endurance activities
- \_\_\_ Progress from modified neutral into ABD for cuff PRE's
- \_\_\_ Aggressive Scapula strengthening and eccentric strengthening program
- \_\_\_ Begin Plyometric training for overhead athletes
- \_\_\_ Begin Isokinetics for Rotator cuff
- \_\_\_ At 16 weeks: begin sport specific activities: gentle throwing, golf swing, forehand / backhand
- \_\_\_ Limited return to sports @ 16 weeks

**FULL RETURN TO SPORT PHASE (20-26 WEEKS POST-OP):**

- \_\_\_ Advance throwing / racquet program
- \_\_\_ Continue with endurance activities. Maintain ROM / Flexibility
- \_\_\_ Functional test assessment
- \_\_\_ Begin full return to sporting activities @ \_\_\_\_\_ weeks

**ADDITIONAL INFORMATION / INSTRUCTIONS:**

**Treatment:** \_\_\_\_\_ **times per week**      **Duration:** \_\_\_\_\_ **weeks**

\*\*Please send progress notes.

Physician's Signature: \_\_\_\_\_ Date:

**Kristofer J. Jones, M.D., Attending Orthopaedic Surgeon**

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Place label here

NAME OF PATIENT: \_\_\_\_\_

MRN: \_\_\_\_\_

**Kristofer J. Jones, M.D.**

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