

UCLA OUTPATIENT REHABILITATION SERVICES	
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**SHOULDER ARTHROSCOPIC STABILIZATION PHYSICAL THERAPY
PRESCRIPTION**

**Diagnosis: s/p (LEFT / RIGHT) Shoulder Arthroscopic Posterior
Stabilization**

Surgery Date: _____

RECOVERY / RECUPERATION PHASE: WEEKS 1-6

- ___ Immobilization x 4-6 weeks except for exercises as listed below / Modalities as needed
- ___ Do not D/C sling until 6 weeks
- ___ PROM with pulleys / cane for flexion start at 3 weeks post-op
- ___ Codman's, pendulums in sling. **No active IR**
- ___ Grip strengthening & Elbow exercises
- ___ ANTERIOR CAPSULAR STRETCHING WHEN WARM (Ext Rot)
- ___ PROTECT POSTERIOR CAPSULE from stretch – **limit IR to neutral**

PHASE II: WEEKS 6-12

- ___ Active and active-assisted elevation, ER / IR. Use good arm to help operated arm
- ___ Weeks 6-8: Internal rotation to 10° with arm at side and 90° abduction
- ___ Weeks 8-10: IR to 45° with arm at side and at 45° abduction
- ___ Weeks 10-12: IR to 45° with arm in 45° abduction
- ___ Begin deltoid and rotator cuff isometric exercises at 6 weeks. Progress to isotonic
- ___ Theraband for slow introduction of at weeks 8-10 IR exercises
- ___ Continue with scapula strengthening, increase arc motion & continue with wrist / forearm strengthening
- ___ Continue with ANTERIOR CAPSULE STRETCHING when warm
- ___ Keep all strengthening exercises below the horizontal
- ___ **NO PASSIVE STRETCHING.** PROTECT POSTERIOR CAPSULE
- ___ Discard gunslinger brace at 6 weeks

LIMITED RETURN TO SPORT PHASE: WEEKS 12-20

- ___ AROM activities to restore full ROM. Restore Scapulo-humeral rhythm
- ___ Continue anterior capsule stretching
- ___ At 16 weeks begin sport specific activities: gentle throwing, golf swing forehand / backhand.
 Limited return to sports at 16 weeks
- ___ Continue muscle endurance activities & begin isokinetics for rotator cuff
- ___ Progress from modified neutral into abduction for cuff PRE's
- ___ Aggressive scapula strengthening and eccentric strengthening program
- ___ Begin plyometric training for overhead athletes

FULL RETURN TO SPORT PHASE: WEEKS 20-26

- ___ Advance throwing / racquet program
- ___ Continue with endurance activities. Maintain ROM / flexibility
- ___ Begin to return to sports at _____ weeks

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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