

UCLA OUTPATIENT REHABILITATION SERVICES

WESTWOOD

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Place label here

NAME OF PATIENT: _____

MRN: _____

Kristofer J. Jones, M.D.

Sports Medicine, Shoulder Surgery and Cartilage Restoration
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ANTERIOR INSTABILITY REHAB FRAMEWORK FOR NON-OPERATIVE MGMT / PHYSICAL THERAPY PRESCRIPTION

Diagnosis: (LEFT / RIGHT) Anterior Shoulder Instability

PROGRESS THROUGH EACH PHASE AS PATIENT MEETS GOALS

PHASE I: ___ Sling prn if initial episode, Gradual remobilization
___ Elbow Active / Active-Assisted ROM: Flexion and Extension
___ Hand, Wrist, Gripping exercises
___ Modalities, Cryocuff / Ice, prn

PHASE II: ___ Active-Assisted / Passive ROM to improve forward flexion in Scapula plane
(pulley exercises, wand exercises, pool)
___ Pendulum exercises
___ Deltoid, Rotator cuff isometrics in plane of Scapula
___ PRE's for Scapular muscles, Latissimus, Biceps, Triceps
___ Joint mobilization (posterior glides)

PHASE III: ___ Active ROM to restore full ROM below horizontal
___ Restore Scapulohumeral rhythm
___ Joint mobilization
___ Scapular stabilization avoiding Anterior Capsule stress
___ IR and limited arc ER below the horizontal plane
___ Begin limited arc isotonic deltoid exercises in the plane of the Scapula

PHASE IV: ___ Restore full ROM in all planes
___ Progress PRE's for cuff and Scapular muscles, protecting capsule
___ Emphasize rhythmic Scapular stabilization and eccentric strengthening program
___ Begin endurance activities (UBE)

PHASE V: ___ Eliminate strength deficits and maintain flexibility

- Isokinetics in modified neutral / plane of Scapula
- Begin plyometric training program for throwers
- Advanced proprioceptive training program
- Continue with endurance activities

- PHASE VI:**
- Isokinetic test
 - Begin throwing / racquet program
 - Return to full activity

ADDITIONAL INFORMATION / INSTRUCTIONS:

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

**Please send progress notes.

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