

PHYSICAL THERAPY PRESCRIPTION



Health

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Diagnosis: (LEFT / RIGHT) SHOULDER ACUTE ANTERIOR DISLOCATION—PROGRESS AS TOLERATED THROUGH PHASES
Date of Dislocation _____

ANTERIOR INSTABILITY REHAB FRAMEWORK/SHOULDER PHYSICAL THERAPY PRESCRIPTION

<u>PHASE I :</u>	<input type="checkbox"/> Immobilization for 3-6 weeks if initial episode <input type="checkbox"/> Elbow Active/Active-Assisted ROM : Flexion and Extension <input type="checkbox"/> Hand, Wrist, Gripping exercises <input type="checkbox"/> Modalities, Cryocuff / Ice, prn
<u>PHASE II :</u>	<input type="checkbox"/> Active-Assisted/Passive ROM to improve Forward Flexion (pulley exercises, wand exercises, pool) <input type="checkbox"/> Pendulum exercises <input type="checkbox"/> Deltoid, Rotator cuff isometrics in plane of Scapula <input type="checkbox"/> PRE's for Scapular muscles, Latissimus, Biceps, Triceps <input type="checkbox"/> Joint mobilization (posterior glides)
<u>PHASE III :</u>	<input type="checkbox"/> Active ROM to restore full ROM below Horizontal <input type="checkbox"/> Restore Scapulohumeral rhythm <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Scapular stabilization avoiding Anterior Capsule stress <input type="checkbox"/> IR and limited arc ER below the horizontal plane <input type="checkbox"/> Begin limited arc isotonic deltoid exercises in the plane of the scapula
<u>PHASE IV :</u>	<input type="checkbox"/> Restore full ROM in all planes <input type="checkbox"/> Progress PRE's for cuff and scapular muscles, protecting capsule <input type="checkbox"/> Emphasize Scapular stabilization and eccentric strengthening program <input type="checkbox"/> Begin endurance activities (UBE)
<u>PHASE V :</u>	<input type="checkbox"/> Eliminate strength deficits and maintain flexibility <input type="checkbox"/> Isokinetics in modified neutral / plane of Scapula <input type="checkbox"/> Begin plyometric training program for throwers <input type="checkbox"/> Advanced proprioceptive training program <input type="checkbox"/> Continue with endurance activities
<u>PHASE VI :</u>	<input type="checkbox"/> Isokinetic test <input type="checkbox"/> Begin throwing / racquet program <input type="checkbox"/> Return to full activity

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

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