

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Anterior Shoulder Instability Code: S43.013

Procedure: Arthroscopic Anterior Labral Repair Surgery Date: _____

Instructions:

Range of motion:

- Begin range of motion immediately progressing to passive to active-assisted to active range of motion within the scapular plane, but limit to 90° forward elevation, 20° adducted external rotation, and internal rotation to the stomach for the first six weeks.
- Begin with supine range of motion.
- No pendulums.
- No cross-body adduction for the first six weeks post-operatively.
- After six weeks, no range of motion restrictions, but avoid rotation in abduction or flexion until three months post-operatively.
- When not performing exercises, patient should wear sling for first four weeks post-operatively, and then the sling can be discontinued.

Strengthening:

- Begin strengthening at six weeks post-operatively progressing from isometrics to bands to weights (limit 5 pounds until three months post-operatively) with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- Prioritize restoration of scapular rhythm and tracking.
- At three months begin eccentrics, polymetrics, proprioceptive exercises, and sport-specifics.

Please provide with a home exercise program.

Modalities

Heat before and ice after therapy. Other modalities as per therapist.

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____