



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Shoulder Pain **Code:** M25.519

Procedure: Arthroscopic Shoulder Surgery

Surgery Date:

Instructions:

Range of motion:

- Sling as needed.
- Begin immediate range of motion including scapular range of motion.
- Progress from passive to active-assisted to active motion as tolerated.
- Begin with pendulums, pulleys, and wand/cane exercises.
- Avoid cross-body adduction and rotational motions in flexion or abduction until 140° elevation and 40° external rotation in adduction have been achieved.

Strengthening:

- Begin strengthening once pain has subsided and the patient is progressing towards symmetric active range of motion, which usually occurs at four weeks post-operatively.
- Begin with isometrics with the arm in adduction and progress to bands/light weights as tolerated.
- Focus strengthening upon the rotator cuff, deltoid, and scapular stabilizers.
- Do not strengthen the rotator cuff more frequently than three times per week to avoid tendonitis.
- Avoid positions of impingement during strengthening.
- Begin eccentrics, plyometrics, and sport-specific exercises at two months post-operatively.
- Return to most athletics at 3 months.
- Collision sports at 4.5 months post-operatively.

Modalities: Heat before and ice after therapy.

Frequency: 2-3 times/week

Duration: 6 weeks

Signature:

Date:

DANIEL C. ACEVEDO, MD FAAOS

23502 LYONS AVE #202A, VALENCIA, CA 91321 PH. 818-788-0101x4451 FAX 818-788-4158
18840 VENTURA BLVD #204, TARZANA, CA 91356 PH. 818-708-3333 FAX 818-708-9643
16530 VENTURA BLVD #100, ENCINO, CA 91436 PH. 818-788-0101 FAX 818-855-2493