



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Anterior Shoulder Instability

Code: S43.013

Procedure: Arthroscopic Labral Repair

Surgery Date:

Instructions:

Range of motion:

- Begin range of motion at 2 weeks progressing to passive to active-assisted to active range of motion.
- Begin with supine range of motion.
- No range of motion restrictions but avoid rotation in abduction or flexion until 3 months post-operatively.
- When not performing exercises, patient should wear sling for first 4 weeks post-operatively, and then the sling can be discontinued

Strengthening:

- Begin strengthening at 6 weeks post-operatively progressing from isometrics to bands to weights with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- Prioritize restoration of scapular rhythm and tracking.
- At 3 months begin eccentrics, plyometrics, proprioceptive exercises, and sport-specifics.
- Expected return to competitive play is 5 months post-operatively

Limitations:

- 1-2 months: No work with the affected extremity
- 2-3.5 months: No lifting greater than 10 lbs
- 3.5-5 months: No lifting greater than 20 lbs
- >5 months: No restrictions, Return to sport

Modalities: Heat before and ice after therapy.

Frequency: 2-3 times/week

Duration: 6 weeks

Signature:

Date:

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