



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Anterior Shoulder Instability **Code:** S43.019

Procedure: Latarjet Procedure

Surgery Date:

Instructions: PT TO BEGIN AFTER _____

Range of motion:

Sling immobilization for the first 6 weeks post-operatively.

No shoulder range of motion for the first two weeks post-operatively.

Remove sling for elbow, wrist, and hand motion three times a day for the first two weeks.

Begin passive range of motion and Codmans of the shoulder at 2 weeks post op in ER with the arm at the side and forward flexion only. Limits are 130 degrees Forward flexion and 30 degrees ER.

Avoid the abducted and externally rotated position for the first six weeks post-operatively, otherwise no motion restrictions.

Avoid heavy manual labor and athletic activities that involve the upper extremity for the first three months post-operatively.

At 6 weeks ok to begin AAROM and AROM To full Range of motion.

Ok to use the arm and extremity for light ADLs. No lifting

Strengthening:

No strengthening prior to 10 weeks post-operatively,

Then begin strengthening of rotator cuff, scapular stabilizers, and deltoid progressing slowly from isometrics with the arm at the side to bands to weights to plyometrics.

Do not strengthen more frequently than three times per week to avoid tendonitis.

Limitations:

Day of surgery to 6 weeks: remain in sling, no use of arm, no work, no driving

Months 1.5-2.5: opposite hand work only

Months 2.5-4: no lifting/carrying greater than 10lbs

Months 4-5.5: No lifting/carrying greater than 20lbs

>5 months: Return to sport, No restrictions if cleared by MD

Modalities: Heat before and ice after therapy.

Frequency: 2-3 times/week

Duration: 6 weeks starting at 2 weeks postoperatively

Signature:

Date:
