



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Anterior Shoulder Instability

Code: S43.013

Procedure: None

Surgery Date:

Instructions:

Range of motion:

- Begin range of motion immediately progressing from passive to active-assist to active ROM.
- Begin with supine range of motion.
- No restrictions, but avoid rotation in abduction or flexion until three months post-injury.
- When not performing exercises, patient should wear sling for no more than 4 weeks post-injury.

Strengthening:

- Incorporate trunk stability: Increase reps, frequency, and weight as fit per patient.
- Begin strengthening once range of motion is painless, progressing from isometrics to bands to weights with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- As strengthening progresses, focus on achieving voluntary control of the scapula in increasing degrees of abduction. Prioritize restoration of scapular rhythm and tracking.
- As strength returns with weights, incorporate eccentrics, plyometrics, proprioceptive exercises.
- Incorporate into sport specific or function specific exercises Please provide with a home exercise program. Progress as tolerated

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