#### Taylor R. Dunphy, MD Newport Orthopedic Institute

Orthopaedic Surgery and Sports Medicine

PATIENT NAME

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**DIAGNOSIS ( LEFT / RIGHT ) ARTHROSCOPIC LABRAL REPAIR (ANTERIOR – POSTERIOR – SLAP)**

**AND/OR SHOULDER STABILIZATION (ANTERIOR – POSTERIOR)**

**DATE OF SURGERY­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARTHROSCOPIC SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION**

**PHASE I (0-4 WEEKS POST-OP) :**

* Immobilization for 4-6 weeks
* Elbow Active/Active-Assisted ROM : Flexion and Extension
* Protect Anterior Capsule from stretch. Limit ER to neutral, Passive FE in Scapular plane to 90 degrees only
* Deltoid isometrics
* Hand, Wrist, Gripping exercises
* Modalities, Cryocuff / Ice, prn

**PHASE II (4-6 WEEKS POST-OP) :**

* At 4-6 weeks Passive ROM : pulley for Flexion, Pendulum exercises
* Pool exercises: Active/Active-Assisted ROM Flexion, Extension, Horizontal ADD, Elbow Flexion and Extension
* Deltoid isometrics
* Lightly resisted Elbow Flexion
* Continue with Wrist exercises
* Modalities as needed
* Discontinue sling @ 4-6 weeks

**PHASE III (6-12 WEEKS POST-OP) :**

* At 6-10 weeks, gradual Active/Active-Assisted/Passive ROM to improve ER with arm at side
	+ (limit to 30 degrees ER)
	+ Progress Flexion to 160 degrees
* At 10-12 weeks, gradual Active/Active-Assisted/Passive ROM to improve ER with arm in 45 degrees ABD
* Pool exercises: Active ROM in all directions below Horizontal, light resisted motions in all planes
* AROM activities to restore Flexion, IR Horizontal ADD
* Deltoid, Rotator Cuff isometrics progressing to isotonics
* PRE’s for Scapular muscles, Latissimus, Biceps, and Triceps
* PRE’s working Rotators in isolation (use modified neutral)
* Joint mobilization (posterior glides)
* Emphasize posterior cuff, Latissimus, and Scapular muscle strengthening, stressing eccentrics
* Utilize exercise arcs that protect anterior capsule from stress during PRE’s
* KEEP ALL STRENGTH EXERCISES BELOW THE HORIZONTAL PLANE IN THIS PHASE

**PHASE IV (12-16 WEEKS POST-OP) :**

* Active ROM activities to restore full ROM
* Restore scapulohumeral rhythym
* Joint mobilization
* Aggressive scapular stabilization and eccentric strengthening program
* PRE’s for all upper quarter musculature (begin to integrate upper extremity patterns)
	+ Continue to emphasize eccentrics and glenohumeral stabilization
	+ All PRE’s are below the horizontal plane for non-throwers
* Begin isokinetics
* Begin muscle endurance activities (UBE)
* Continue with agility exercises
* Advanced functional exercises
* Isokinetic test
* Functional test assessment
* Full return to sporting activities when strength and motion are 90-95% normal.

**Physician’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taylor R. Dunphy, MD, Orthopaedic Surgeon, Newport Orthopedic Institute**