

## **Physical/Occupational Therapy Prescription**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: Anterior Shoulder Instability Code: S43.013

Procedure: Arthroscopic Anterior Labral Repair Surgery Date: \_\_\_\_\_

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Instructions:

### Range of motion:

- Begin range of motion immediately 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 three months post-operatively.
- When not performing exercises, patient should wear sling for first four weeks post-operatively, and then the sling can be discontinued.

### Strengthening:

- Begin strengthening at six weeks post-operatively progressing from isometrics to bands to weights (limit 5 pounds until six weeks post-operatively) with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- Prioritize restoration of scapular rhythm and tracking.
- At three months begin eccentrics, polymetrics, proprioceptive exercises, and sport-specifics.
- Expected return to competitive play is 4.5-6 months post-operatively.

Please provide with a home exercise program.

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### **Modalities**

Heat before and ice after therapy. Other modalities as per therapist.

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Frequency: 3 times/week                      Duration: 6 weeks

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_