

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Anterior shoulder instability Code: S43.019

Procedure: Latarjet Surgery Date: _____

Instructions

- Sling immobilization for the first two 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.
 - At two weeks begin physical therapy progression from passive to active assisted to active range of motion. No specific motion restrictions.
 - 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.
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Modalities

Heat before and ice after therapy.

Frequency: 2-3 times/week Duration: 6 weeks, starting at 2 weeks post-operatively

Signature: _____ Date: _____