

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Anterior Shoulder Instability Code: S43.013

Procedure: Open Bankart Repair Surgery Date: _____

Instructions:

Range of motion:

- Sling immobilization for 4 weeks. Remove sling 3-4 times per day for pendulums, shoulder shrugs, and elbow range of motion.
- Begin range of motion at 4 weeks progressing to passive to active-assisted range of motion, limiting external rotation to 45° until 12 weeks
- After 12 weeks, no further motion restrictions, work to obtain terminal extension.

Strengthening:

- Begin strengthening at six weeks post-operatively progressing from isometrics to bands to weights (limit 5 pounds until 12 weeks post-operatively) with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- Prioritize restoration of scapular rhythm and tracking.
- At four months begin eccentrics, polymetrics, proprioceptive exercises, and sport-specifics.
- Expected return to competitive play is no sooner than 6 months post-operatively.

Please provide with a home exercise program.

Modalities

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

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____