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Physical Therapy Prescription

Patient Name: _____ Date: _____

Diagnosis: Right/Left Shoulder Anterior Instability Repair with/without Bankart Repair

Date of Surgery: _____

Evaluate and Treat Provide patient with home exercise program

Weeks 1-4

- ◆Progress ROM as tolerated – PROM / AAROM / AROM
(Restrictions – 90 deg forw. flexion/ 20 deg ER at side/45 deg abduction/IR to stomach)
- ◆Sling at all times outside of PT/HEP/daily hygiene
- ◆Isometrics in sling

Weeks 4-8

- ◆D/C sling
- ◆Progress AROM to 60 deg abduction/ internal rotation behind back to waist
- ◆Increased AROM with increased stretching
(Goal – 140 degrees forward flexion, 40 degrees ER at side)
- ◆Begin isometrics and light band strengthening remaining within ROM limitations
- ◆Begin scapular stabilization exercises and core strengthening

Weeks 8-12

- ◆Advance strengthening as tolerated, begin bands, progress to light weights up to 5 pounds
- ◆Gently passive stretching to continue daily to gain full ROM

Weeks 12-52

- ◆Strengthening only 3 times per week
- ◆Begin eccentrically resisted motion, plyometrics, proprioception (body blade), closed chain exercises
- ◆Advance conditioning and sport/job specific rehab
- ◆Return to throwing at 4.5 months, from pitcher's mound at 6 months. Use distance based throwing protocols.

Other:

Modalities

Electric Stimulation Ultrasound Iontophoresis TENS Heat before/after
Ice before/after exercise

Functional Capacity Exam

Work Hardening/Conditioning

Frequency: _____ x/ week x _____ weeks

Signature: _____

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.