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### **Physical Therapy Prescription**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: Right/Left Shoulder SLAP repair, with/without debridement, with/without biceps tenotomy

Date of Surgery: \_\_\_\_\_

Evaluate and Treat

Provide patient with home exercise program

Weeks 1-4

- ◆Progress ROM as tolerated – PROM / AAROM / AROM  
(Goal – 90 degrees forward flexion/ 20 degrees ER at side)
- ◆No IR behind back, No ER behind head
- ◆No resisted FF/ biceps motion

Weeks 4-8

- ◆D/C sling
- ◆Progress AROM to include 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 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

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.