

## Physical/Occupational Therapy Prescription

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

Diagnosis: Multidirectional Shoulder Instability Code: S43.003

Procedure: Arthroscopic Capsulorrhaphy Surgery Date: \_\_\_\_\_

---

### Instructions:

#### Range of motion:

- Sling for first six weeks when not performing exercises.
- Perform hand, wrist, forearm, and elbow range of motion and grip strengthening.
- During first six weeks begin with pendulums and progress as tolerated to include passive and active forward elevation to 90° and adducted external rotation to 30°.
- At six weeks progress active-assisted and active range of motion within the limits of 140° elevation, 45° adducted external rotation, and internal rotation to the stomach.
- Avoid rotation in abduction or flexion until three months post-operatively.

#### Strengthening:

- Begin isometrics in sling immediately post-operatively.
- Focus on neuromuscular control with alternating isometrics and rhythmic stabilization.
- Begin isometrics for the rotator cuff, deltoid, and scapular stabilizers out of the sling at six weeks but avoid positions that stretch the anterior capsule.
- At three months post-operatively advance strengthening of the same muscle groups to bands, weights, eccentrics, and polymetrics progressively.
- Begin sport-specific rehabilitation at 4.5 months post-operatively.
- Expected return to play of six months post-operatively.

Please provide with a home exercise program.

---

### Modalities

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

---

Frequency: 3 times/week      Duration: 6 weeks

---

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