

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Posterior Glenoid Labral Tear Code: S43.003

Procedure: Arthroscopic Posterior Labral Repair Surgery Date: _____

Instructions:

Range of motion:

- Pendulums for the first three weeks post-operatively.
- Beginning at three weeks post-operatively, progress from passive to active-assisted to active range of motion within the limits of 90° forward elevation, internal rotation to the stomach, external rotation at the side to 60°, and no horizontal adduction.
- At six weeks post-operatively discontinue sling and progress range of motion with no further restrictions.

Strengthening:

- Begin isometrics with the arm at the side starting at three weeks post-operatively, do not progress beyond that until six weeks post-operatively and until full forward elevation is achieved.
- Then advance from isometrics to bands to weights (limit 5 lbs) with a focus on the rotator cuff, deltoid, and scapular stabilizers and upon closed-chain exercises.
- At three months post-operatively progress to higher weights, plyometrics, proprioceptive exercises, and sport-specific exercises.
- Expected return to competitive play for football at 6 months post-operatively.

Please provide with and encourage a home exercise program.

Modalities

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

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____