

## **Physical/Occupational Therapy Prescription**

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

Diagnosis: Anterior shoulder instability Code: S43.019

Procedure: Latarjet Surgery Date: \_\_\_\_\_

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### **Instructions**

- Sling immobilization for the first two weeks post-operatively.
  - No shoulder range of motion for the first two weeks post-operatively.
  - Remove sling for elbow, wrist, and hand motion three times a day for the first two weeks.
  - At two weeks begin physical therapy progression from passive to active assisted to active range of motion. No specific motion restrictions.
  - Avoid the abducted and externally rotated position for the first six weeks post-operatively, otherwise no motion restrictions.
  - Avoid heavy manual labor and athletic activities that involve the upper extremity for the first three months post-operatively.
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### **Modalities**

Heat before and ice after therapy.

Frequency: 2-3 times/week      Duration: 6 weeks, starting at 2 weeks post-operatively

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