

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Shoulder pain Code: M25.519

Procedure: Shoulder Arthroscopy Surgery Date: _____

Instructions:

Range of motion:

- Sling as needed for the first week post-operatively and then discontinue.
- Begin immediate range of motion including scapular range of motion.
- Progress from passive to active-assisted to active motion as tolerated.
- Begin with pendulums, pulleys, and wand/cane exercises.
- Avoid cross-body adduction and rotational motions in flexion or abduction until 140° elevation and 40° external rotation in adduction have been achieved.

Strengthening:

- Begin strengthening once pain has subsided and the patient is progressing towards symmetric active range of motion, which usually occurs at four weeks post-operatively.
- Begin with isometrics with the arm in adduction and progress to bands/light weights as tolerated.
- Focus strengthening upon the rotator cuff, deltoid, and scapular stabilizers.
- Do not strengthen the rotation cuff more frequently than three times per week to avoid tendonitis.
- Avoid positions of impingement during strengthening.
- Begin eccentrics, plyometrics, and sport-specific exercises at two months post-operatively.
- Return to most athletics at three months.
- Collision sports at 4.5 months post-operatively.

Please provide a home exercise program.

Modalities

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

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____