

## **OPEN SHOULDER STABILIZATION PHYSICAL THERAPY PRESCRIPTION**

**Diagnosis: S/p (Left / Right) Shoulder Open Stabilization**

**Latarjet / Distal Tibial Allograft**

**Date of surgery: \_\_\_\_\_**

### **PHASE 1 (0 to 2 WEEKS): No formal Physical Therapy**

#### **GOALS:**

Pain and swelling control  
Begin passive ROM

#### **EXERCISES/RESTRICTIONS:**

Sling on at all times except for bathing/exercise  
Ice frequently, never more than 30 minutes at a time  
Pendulum exercises  
Elbow ROM. Wrist/hand gripping exercises

### **PHASE 2 (2-6 WEEKS):**

#### **GOALS:**

Continued healing  
Increase ROM

#### **EXERCISES/RESTRICTIONS:**

Continue sling at all time except for hygiene and exercises  
PROM. Limit abduction to 90°. Limit ER to neutral  
No active IR  
Continue wrist/gripping exercises  
Modalities prn

### **PHASE 3 (6-12 WEEKS):**

#### **GOALS:**

Restore ROM

#### **EXERCISES/RESTRICTIONS:**

Discontinue sling at 6 weeks  
Active / Active-Assisted Elevation, ER/IR. Use good arm to help operated arm

- At 6-8 weeks: ER to 30° with arm at side
- At 8-10 weeks: ER to 45° with arm at side
- At 10-12 weeks: ER to 45° with arm in 45 ° ABD

Begin Deltoid and Rotator cuff Isometrics @ 6 weeks. Progress to isotonic  
Keep all strengthening exercises below horizontal

Continue with wrist / forearm strengthening

**PHASE 4 (12-20 WEEKS):**

**GOALS:**

Resume normal activities

Limited return to sport / work

**EXERCISES/RESTRICTIONS:**

Active ROM activities to restore full ROM. Restore Scapulo-Humeral rhythm

Incorporate rhythmic scapular stabilization exercises with goal to improve scapular control

Continue muscle endurance activities

Progress from modified neutral into ABD for cuff PRE's

Begin Plyometric training for overhead athletes

Begin Isokinetics for Rotator cuff

At 16 weeks: begin sport specific activities: gentle throwing, golf swing, forehand / backhand

**PHASE 5 (>20 WEEKS):**

**GOALS:**

Return to sport / work

**EXERCISES/RESTRICTIONS:**

Continue with endurance activities. Maintain ROM / Flexibility

Functional test assessment

Begin full return to sporting / work activities at 6 months if ROM and strength are normal

Evaluate and treat per therapist plan.

Please follow the protocol as directed and call the office with questions or renewals.

\*\*Please send progress notes.

**Treatment:** \_\_\_\_ times per week      **Duration:** \_\_\_\_ weeks      \_\_\_\_ Home Program

Physician's Signature: \_\_\_\_\_

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

**Daniel J. Chernoff, M.D.**

Orthopedic Surgery, Sports Medicine

Kansas City Orthopedic Alliance

3651 College Blvd. Leawood, KS 66211

Phone: (913) 319-7600

Fax: (913) 253-1704

KS License: 04-46252

MO License: 2019014833

NPI: 1326401456

