

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) OPEN LATARJET CORACOID TRANSFER

DATE OF SURGERY _____

SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

RECOVERY / RECUPERATION PHASE (0-4 WEEKS POST-OP) :

- Immobilization for 2 weeks EXCEPT for exercises
- PROM with pulleys / cane for Flexion @ 3 weeks
- PROTECT ANTERIOR CAPSULE FROM STRETCH - Limit ER to neutral
- POSTERIOR CAPSULE STRETCHING WHEN WARM
- Hand, Wrist, Grip strengthening
- Modalities, Cryocuff / Ice, prn
- Discontinue sling @ 2-4 weeks

4 - 12 WEEKS POST-OP :

- Active/Active-Assisted Elevation, ER/IR. Use good arm to help operated arm
- At 4-8 weeks: ER to 30 degrees with arm at side
- At 8-10 weeks: ER to 45 degrees with arm at side
- At 10-12 weeks: ER to 45 degrees with arm in 45 degrees ABD
- Begin Deltoid and Rotator cuff Isometrics @ 4 weeks. Progress to Isotonics
- Theraband for ER exercises
- Continue with Scapula strengthening, increase arc motion
- Continue with wrist / forearm strengthening
- Continue with POSTERIOR CAPSULE STRETCHING WHEN WARM
- Keep all strengthening exercises below horizontal
- NO PASSIVE STRETCHING. PROTECT ANTERIOR CAPSULE
- Modalities as needed

LIMITED RETURN TO SPORT PHASE (12 - 20 WEEKS POST-OP) :

- Active ROM activities to restore full ROM. Restore Scapulo-Humeral rhythm
- Continue Posterior Capsule stretching
- Continue muscle endurance activities

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- Progress from modified neutral into ABD for cuff PRE's
- Aggressive Scapula strengthening and eccentric strengthening program
- Begin Plyometric training for overhead athletes
- Begin Isokinetics for Rotator cuff
- At 16 weeks: begin sport specific activities: gentle throwing, golf swing, forehand/backhand
- Limited return to sports @ 18-20 weeks.

ADDITIONAL INFORMATION / INSTRUCTIONS:

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

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