

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: SHOULDER ANTERIOR DISLOCATION: Right Left Bilateral

PHASE I : Immobilization for 3-6 weeks if initial episode
Elbow Active/Active-Assisted ROM :Flexion and Extension
Hand, Wrist, Gripping exercises
Modalities: Cryocuff / Ice, prn

PHASE II : Active-Assisted/Passive ROM to improve Forward Flexion (pulley exercises, wand exercises, pool)
Pendulum exercises
Deltoid, Rotator cuff isometrics in plane of Scapula
PRE's for Scapular muscles, Latissimus, Biceps, Triceps

PHASE III : Active ROM to restore full ROM below Horizontal
Restore Scapulohumeral rhythm
Joint mobilization
Scapular stabilization avoiding Anterior Capsule stress
IR and limited arc ER below the horizontal plane
Begin limited arc isotonic deltoid exercises in the plane of the scapula

PHASE IV : Restore full ROM in all planes
Progress PRE's for cuff and scapular muscles, protecting capsule
Emphasize Scapular stabilization and eccentric strengthening program
Begin endurance activities

PHASE V : Eliminate strength deficits and maintain flexibility
Isokinetics in modified neutral / plane of scapula
Begin plyometric training program for throwers
Advanced proprioceptive training program
Continue with endurance activities

PHASE VI : Isokinetic test
Begin throwing / racquet program
Return to full activity

Other: _____

Treatment: Eval and Treat or 1 2 3 times per week

Duration: 4 6 weeks

Home Program

**Please send progress notes.

Physician's Signature: _____

NPI #: 1164790507