

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: SHOULDER POSTERIOR 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
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 Posterior Capsule stress
ER and limited arc IR 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 (UBE)

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