

PHYSICAL THERAPY PRESCRIPTION

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DATE: _____

PATIENT NAME: _____

D.O.B: _____ MRN: _____

DIAGNOSIS: SHOULDER ANTERIOR LABRAL TEAR / BANKART LESION

Right Left Bilateral

SURGERY: _____

DATE OF SURGERY: _____

PHASE I – IMMOBILIZATION PHASE (0-3 WEEKS)

No shoulder motion

Wear sling at all times when not bathing

Cryotherapy

PHASE 2 – PROTECTED RANGE OF MOTION (4-6 WEEKS)

Wean from sling

Begin pendulums and supine PROM (FF, ER < 30 deg), advance to seated PROM

Avoid stretching anterior capsule – no PROM in “90/90” position of abduction and external rotation

PHASE 3 – STRETCHING / STRENGTHENING PHASE (7-12 WEEKS)

Continue to gradually advance PROM, progress to AAROM and AROM

Focus on FF / IR

Gentle progression of passive ER

May begin gentle stretching in 90/90 position at 8 weeks

Begin strengthening program – first with bands, advance to light weights

Rotator cuff

Scapular stabilizers

Rows / shrugs

Biceps / triceps

(continue on next page)

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PHASE 4 – RETURN TO PLAY (12 WEEKS AND BEYOND)

Continue stretching and strengthening

May begin weight lifting with low weight / high reps

Avoid wide grip bench press

No military press

No lat pulls behind the head

“Always see your elbows”

At 16 weeks, may begin progressive throwing and overhead activity

Sport-specific return to play

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