

# PHYSICAL THERAPY PRESCRIPTION

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DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: SHOULDER SLAP TEAR

Right  Left  Bilateral

PROCEDURE: \_\_\_\_\_ DATE OF SURGERY: \_\_\_\_\_

## Phase 1 – Protection (weeks 1-3)

Wear sling when not doing therapy exercises

ROM

- Pendulums to warm up
- Begin with passive ROM, advance to AAROM as tolerated within the following ranges:
  - Limit FF to 120° and ER to 30°
  - No abduction
  - Full IR

No strengthening - may WB for ADLs but avoid loading biceps

## Phase 2 – Motion (weeks 4-6)

Wean from sling

Full PROM/AAROM/AROM permitted but limit abduction / external rotation

## Phase 3 – Strengthening and Return to Sport (week 7 and beyond)

Continue ROM exercises; begin gentle stretching in abduction / ER

Begin rotator cuff and scapular strengthening exercises (rows, shrugs)

Start with bands, progress to light weights

No long lever-arm, abducted position or impingement position exercises

By week 8, can progress to heavier weights as tolerated and begin gentle biceps strengthening

Progressive throwing program may begin at 12-14 weeks when full motion / strength achieved

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