

**Physical/Occupational Therapy Prescription**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis: Anterior Shoulder Instability Code: S43.013

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Specific Instructions:

Range of motion:

- Begin range of motion immediately progressing from passive to active-assist to active ROM.
- Begin with supine range of motion.
- No restrictions, but avoid rotation in abduction or flexion until three months post-injury.
- When not performing exercises, patient should wear sling for no more than one week post-injury.

Strengthening:

- Incorporate trunk stability: Increase reps, frequency, and weight as fit per patient.
- Begin strengthening once range of motion is painless, progressing from isometrics to bands to weights with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- As strengthening progresses, focus on achieving voluntary control of the scapula in increasing degrees of abduction. Prioritize restoration of scapular rhythm and tracking.
- As strength returns with weights, incorporate eccentrics, plyometrics, proprioceptive exercises.
- Incorporate into sport specific or function specific exercises

Please provide with a home exercise program.

Progress as tolerated.

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**Modalities**

Heat before and ice after therapy. Other modalities as per therapist.

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Frequency: 3 times/week                      Duration: 6 weeks

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_