## **Physical/Occupational Therapy Prescription**

Name	<u>.                                    </u>		Date of Birth:					
Diagn	osis: <u>Anterior Shou</u>	lder Instability	Code: <u>\$43.013</u>					
Proce	dure: <u>Open Bankar</u>	: Repair	Surgery Date:					
Instructions:								
Range	of motion:							
- -	- Sling immobilization for 4 weeks. Remove sling 3-4 times per day for pendulums, shoulder							
	shrugs, and elbow range of motion.							
-	Begin range of motion at 4 weeks progressing to passive to active-assisted range of motion,							
	limiting external rota	tion to 45° until 12 weeks	S					

## **Strengthening:**

- Begin strengthening at six weeks post-operatively progressing from isometrics to bands to weights (limit 5 pounds until 12 weeks post-operatively) with a focus on the rotator cuff, deltoid, and scapular stabilizers.
- Prioritize restoration of scapular rhythm and tracking.
- At four months begin eccentrics, polymetrics, proprioceptive exercises, and sport-specifics.
- Expected return to competitive play is no sooner than 6 months post-operatively.

After 12 weeks, no further motion restrictions, work to obtain terminal extension.

Please provide with a home exercise program.							
<b>Modalities</b>							
Heat before and ice after therapy. Other modalities as per therapist.							
Frequency: 3 times/week	Duration: 6 weeks						
Signature		Date					