

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Sternoclavicular dislocation Code: M25.519

Procedure: Sternoclavicular ligament reconstruction Surgery Date: _____

Instructions:

Range of motion:

- Sling immobilization for the first six weeks post-operatively. Ok to remove sling for exercises.
- Begin passive external rotation and supine passive flexion at two weeks post-operatively.
- Please also incorporate active range of motion of the hand, wrist, forearm, and elbow.
- No scapular range of motion exercises.
- At six weeks post-operatively progress to full upright range of motion working from passive to active-assisted to active range of motion.
- Incorporate scapular range of motion exercises at this point.

Strengthening:

- No lifting for the first six weeks post-operatively and no lifting greater than ten pounds for the first three months post-operatively.
- Ok to begin rotator cuff, deltoid, and scapular stabilizer isometrics at six weeks post-operatively.
- Progress to bands and weights as tolerated after six weeks, limit to 10 lbs until three months post-operatively. Focus on the scapula.
- Incorporate plyometrics and sport-specific exercises at 4.5 months post-operatively.
- Expected return to sport of 4.5-6 months.

Please provide with a home exercise program.

Modalities

Heat before and ice after therapy.

Frequency: 3 times/week Duration: 6 weeks

Signature: _____ Date: _____