

**STEPHAN J. SWEET, M.D., M.P.H.**  
 A Professional Corporation  
 Sports Medicine, Arthroscopy, & General Orthopedic Surgery

**PHYSICAL THERAPY PRESCRIPTION**

**DIAGNOSIS: (LEFT/ RIGHT) SHOULDER ACUTE ANTERIOR DISLOCATION - PROGRESS AS TOLERATED THROUGH PHASES**

Date of Dislocation \_\_\_\_\_

**ANTERIOR INSTABILITY REHAB FRAMEWORK/SHOULDER PHYSICAL THERAPY PRESCRIPTION**

<b>PHASE I:</b>	<input type="checkbox"/> Immobilization for 3-6 weeks if initial episode <input type="checkbox"/> Elbow Active/ Active- Assisted ROM: Flexion and Extension <input type="checkbox"/> Hand, Wrist, Gripping exercises <input type="checkbox"/> Modalities, Cryocuff/ Ice, Prn
<b>PHASE II:</b>	<input type="checkbox"/> Active-Assisted/ Passive ROM to improve Forward Flexion (pulley exercises, wand exercises, pool) <input type="checkbox"/> Pendulum exercises <input type="checkbox"/> Deltoid, Rotator Cuff isometrics in plane of Scapula <input type="checkbox"/> PRE's for Scapular muscles, Latissimus, Biceps, Triceps <input type="checkbox"/> Joint mobilization posterior glides
<b>PHASE III:</b>	<input type="checkbox"/> Active ROM to restore full ROM below Horizontal <input type="checkbox"/> Restore Scapulohumeral rhythm <input type="checkbox"/> Joint mobilization <input type="checkbox"/> Scapular stabilization avoiding Anterior Capsule stress <input type="checkbox"/> IR and limited arc ER below the horizontal plane <input type="checkbox"/> Begin limited arc isotonic deltoid exercises in the plane of scapula
<b>PHASE IV:</b>	<input type="checkbox"/> Restore full ROM in all planes <input type="checkbox"/> Progress PRE's for cuff and scapular muscles, protecting capsule <input type="checkbox"/> Emphasize Scapular stabilization and eccentric strengthening program <input type="checkbox"/> Begin endurance activities (UBE)
<b>PHASE V:</b>	<input type="checkbox"/> Eliminate strength deficits and maintain flexibility <input type="checkbox"/> Isokinetics in modified neutral/ plane of scapula <input type="checkbox"/> Begin plyometric training program for throwers <input type="checkbox"/> Advanced Proprioceptive training program <input type="checkbox"/> Continue with endurance activities
<b>PHASE VI:</b>	<input type="checkbox"/> Isokinetic test <input type="checkbox"/> Begin throwing/ racquet program <input type="checkbox"/> Return to full activity

**Treatment:** \_\_\_\_\_ times per week      \_\_\_\_\_ Home Program      **Duration:** \_\_\_\_\_ weeks

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_  
 Stephan J. Sweet, M.D., M.P.H.