

**PHYSICAL THERAPY PRESCRIPTION**

**DIAGNOSIS:(LT/ RT/ BIL) Shoulder Multidirectional Instability**

**DATE**\_\_\_\_\_

**MULTIDIRECTIONAL INSTABILITY SHOULDER PHYSICAL THERAPY PRESCRIPTION**

Underlying problem includes: Weakness/ fatigue of scapular stabilizers (especially retractors)  
Inflexibility of pectoral muscles  
Anterior capsular laxity  
Posterior capsular/ Rotator cuff tightness  
Posterior Rotator cuff weakness

**RX:**

- Development of core strength: lumbar stabilization,
- Avoid/correct excessive anterior pelvic tilt/ lumbar lordosis
- Initial phase (Acute pain) :  
Modalities as needed – Phonophoresis/ Iontophoresis/ Soft Tissue Mobilization/  
E-Stim Cyrotherapy/ Ultrasound  
Submaximal isometrics  
Progress to isotonic exercises
- Endurance training for scapular stabilizers: focus on Serratus Anterior, Rhomboids,  
Lower Trapezius, and Subscapularis:  
  
Push-ups with a plus  
Scapular elevation (scaption)  
Rows  
Press-ups  
Upper body ergometry for endurance training  
Prone lying horizontal flys  
Side-lying external rotation, prone rowing into external rotation  
Push-ups onto a ball
- Proprioceptive Neuromuscular Facilitation (PNF) patterns to facilitate  
Agonist/ antagonist muscle co-contractions
  
- Rotator cuff (external rotation) strengthening: goal is ER: IR ratio at least 65%
- Stretching of pectoral muscles, posterior capsule, posterior rotator cuff, latissimus.  
Generally do not need to stretch anterior shoulder

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

\*\*Please send progress notes.

**Physician's**

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