

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT / RIGHT) AC RECONSTRUCTION
DATE OF SURGERY: _____

SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

PHASE I (0-4 WEEKS POST-OP):

- ___ Immobilization for 4-6 weeks
- ___ Elbow Active/Active-Assisted ROM : Flexion and Extension
- ___ Limit ER to 30, Passive FE in Scapular plane to 90 degrees only
- ___ Deltoid isometrics
- ___ Hand, Wrist, Gripping exercises
- ___ Modalities, Cryocuff/Ice, prn

PHASE II (4-6 WEEKS POST-OP):

- ___ At 4-6 weeks Passive ROM: pulley for Flexion, Pendulum exercises, no limits, but gradual restoration of motion only.
- ___ Pool exercises: Active/Active-Assisted ROM Flexion, Extension, Horizontal ADD, Elbow Flexion and Extension
- ___ Deltoid isometrics
- ___ Lightly resisted Elbow Flexion
- ___ Continue with Wrist exercises
- ___ Modalities as needed
- ___ Discontinue sling @ 4-6 weeks

PHASE III (6-12 WEEKS POST-OP):

- ___ At 6-10 weeks, gradual Active/Active-Assisted/Passive ROM to improve ER with arm at side
- ___ Progress Flexion to 160 degrees

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____