

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DATE OF SURGERY: _____

DIAGNOSIS (LEFT / RIGHT) ARTHROSCOPIC ACRIOMIPLASTY AND/OR AC JOINT RESECTION

ARTHROSCOPIC SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

RECOVERY / RECUPERATION PHASE: WEEKS 0-4

- Restore full ROM
- Modalities, Cryocuff / Ice, prn
- Grip strengthening
- Codman's / Pendulum exercises – i.e. pulleys, cane, etc.
- Biceps, Triceps Isotonics. Deltoid Isotonics in plane of Scapula (week #3)
- Isometrics: Deltoid IR / ER below horizontal
- Joint mobilization
- POSTERIOR CAPSULE STRETCH WHEN WARM
- Cardiovascular training as tolerated

WEEKS 4-10

- Continue with upper extremity PRE's
- Continue with Scapular stabilization / strengthening exercises
- Begin IR / ER Isotonic exercises below horizontal, emphasize Eccentrics
- Begin IR / ER Isokinetics week #6
- Begin Biceps PRE's
- Continue with flexibility activities
- Begin functional activities week #6
- Begin plyometrics, limited PRE & speed

RETURN TO SPORT PHASE (POST WEEK 10)

- IR / ER Isokinetics
- Trunk exercises for sport specific activities (i.e. tennis, golf, skiing, etc)
- Aggressive upper extremity PRE's
- Continue plyometrics
- Progress PRE's from side for overhead athletes
- Return to limited sports _____ full activities _____

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

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