

PHYSICAL THERAPY PRESCRIPTION

FRANK A. PETRIGLIANO, MD

CHIEF – DIVISION OF SPORTS MEDICINE
HEAD TEAM PHYSICIAN – LA KINGS
ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
USC DEPARTMENT OF ORTHOPAEDIC SURGERY
323.442.5822 OFFICE
323.865.5480 FAX

Keck Medicine
of USC



PATIENT STICKER

DATE: _____

LATARJET CORACOID TRANSFER FRAMEWORK

SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

RECOVERY / RECUPERATION PHASE (0-4 WEEKS POST-OP):

- ___ Immobilization for 2 weeks EXCEPT for exercises
- ___ PROM with pulleys / cane for Flexion @ 3 weeks
- ___ PROTECT ANTERIOR CAPSULE FROM STRETCH - Limit ER to neutral
- ___ POSTERIOR CAPSULE STRETCHING WHEN WARM
- ___ Hand, Wrist, Grip strengthening
- ___ Modalities, Cryocuff / Ice, prn
- ___ Discontinue sling @ 2-4 weeks

4 - 12 WEEKS POST-OP:

- ___ Active/Active-Assisted Elevation, ER/IR. Use good arm to help operated arm
- ___ At 4-8 weeks: ER to 30 degrees with arm at side
- ___ At 8-10 weeks: ER to 45 degrees with arm at side
- ___ At 10-12 weeks: ER to 45 degrees with arm in 45 degrees ABD
- ___ Begin Deltoid and Rotator cuff Isometrics @ 4 weeks. Progress to Isotonics
- ___ Theraband for ER exercises
- ___ Continue with Scapula strengthening, increase arc motion
- ___ Continue with wrist / forearm strengthening
- ___ Continue with POSTERIOR CAPSULE STRETCHING WHEN WARM
- ___ Keep all strengthening exercises below horizontal
- ___ NO PASSIVE STRETCHING. PROTECT ANTERIOR CAPSULE
- ___ Modalities as needed

LIMITED RETURN TO SPORT PHASE (12 - 20 WEEKS POST-OP):

- ___ Active ROM activities to restore full ROM. Restore Scapulo-Humeral rhythm
- ___ Continue Posterior Capsule stretching
- ___ Continue muscle endurance activities
- ___ Progress from modified neutral into ABD for cuff PRE's

PHYSICAL THERAPY PRESCRIPTION

- Aggressive Scapula strengthening and eccentric strengthening program
- Begin Plyometric training for overhead athletes
- Begin Isokinetics for Rotator cuff
- At 16 weeks: begin sport specific activities: gentle throwing, golf swing, forehand/backhand
- Limited return to sports @ 18-20 weeks.

ADDITIONAL INFORMATION / INSTRUCTIONS:

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____

Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, USC