

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

Date of Dislocation: _____

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

ANTERIOR INSTABILITY REHAB FRAMEWORK/SHOULDER PHYSICAL THERAPY PRESCRIPTION

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

Treatment: _____ times per week **Duration:** _____ weeks

Physician's Signature: _____

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