

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

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, abdominals, pelvic girdle

- Avoid/correct excessive anterior pelvic tilt/lumbar lordosis
- Initial phase (Acute pain): Modalities as needed (phonophoresis/Iontophoresis/soft tissue mobilization/E-stim/Cryotherapy/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

Physician's Signature: _____

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