

# PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

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

Date of Dislocation \_\_\_\_\_

## ANTERIOR INSTABILITY REHAB FRAMEWORK/SHOULDER PHYSICAL THERAPY PRESCRIPTION

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- 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:** \_\_\_\_\_

Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC