

PHYSICAL THERAPY PRESCRIPTION

SETH C. GAMRADT, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

Keck School of Medicine of USC

1520 San Pablo Street, Suite 2000

Los Angeles, CA 90033

Phone: 323.442.5860

Fax: 323.442.6952

www.gamradtortho.com

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Medicine of USC

PATIENT STICKER

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

DATE OF SURGERY _____

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 belowhorizontal, 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: _____

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

