

PHYSICAL THERAPY PRESCRIPTION

SETH C. GAMRADT, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

Keck School of Medicine of USC

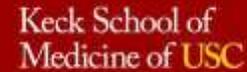
1520 San Pablo Street, Suite 2000

Los Angeles, CA 90033

Phone: 323.442.5860

Fax: 323.442.6952

www.gamradtortho.com



PATIENT STICKER

DIAGNOSIS: (R / L / B) Shoulder Multidirectional Instability

DATE _____

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: _____

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

