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Physical Therapy Prescription

Patient Name: _____ Date: _____

Diagnosis: Right/Left Shoulder arthroscopy with acromioplasty, with/without distal clavicle resection

Date of Surgery: _____

- Evaluate and Treat
- Provide patient with home exercise program
- Week 1 – Pendulums, PROM in forward flexion and external rotation
- Weeks 2-4
 - ◆Progress ROM as tolerated – PROM / AAROM / AROM
(Goal – 140 degrees forward flexion/ 40 degrees ER at side)
 - ◆Hold cross body adduction with distal clavicle resection
 - ◆D/C sling by 2 weeks expect for sleeping as needed
- Weeks 4-8
 - ◆Progress AROM to include abduction and rotation
 - ◆PROM at end ranges with increased stretching
(Goal – 160 degrees forward flexion, 60 degrees ER at side)
 - ◆Begin isometrics with arm at side for RC and deltoid, increase to bands and wall push-ups as tolerated, begin core strengthening
- Weeks 8-12
 - ◆Advance strengthening as tolerated – focus on RC, deltoid, scapular stabilizers
 - ◆Strengthening only 3 times per week
 - ◆Stretching to continue daily
 - ◆Begin resistive exercises and closed chain exercises
- Other:
 - Modalities
 - Electric Stimulation Ultrasound Iontophoresis TENS Heat before/after
 - Ice before/after exercise
 - Functional Capacity Exam
 - Work Hardening/Conditioning

Frequency: _____ x/ week x _____ weeks

Signature: _____

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.