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Physical Therapy Prescription
Posterior Shoulder Instability

Patient Name: **Today's Date:**

Diagnosis: (LEFT / RIGHT) POSTERIOR SHOULDER INSTABILITY

PHASE I :
__ Sling prn if initial episode, Gradual remobilization
__ Elbow Active/Active-Assisted ROM : Flexion and Extension
__ Hand, Wrist, Gripping exercises
__ Modalities, Cryocuff / Ice, prn

PHASE II :
__ Active-Assisted/Passive ROM to improve Forward Flexion in Scapula plane (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)

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

PHASE IV :
__ Restore full ROM in all planes
__ Progress PRE's for cuff and scapular muscles, protecting capsule
__ Emphasize rhythmic Scapular stabilization and eccentric strengthening program
__ Begin endurance activities (UBE)

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

PHASE VI :
__ Isokinetic test
__ Begin throwing / racquet program
__ Return to full activity

Frequency & Duration: (circle one) 1-2 2-3 x/week for _____ weeks Home Program

**Please send progress notes.

Physician's Signature:_____ **M.D.**