

Patient Name:	Date of Surgery:
Evaluate and Treat Provide pa	tient with home exercise program
Frequency:x/week xweeks ( <i>begi</i> n	nning 6 weeks after surgery)
<b></b> ( <b>0</b> - <b>6</b> Weeks): Period of protection $\rightarrow$ no thera	py for the first 6 weeks
<ul> <li>Sling with abduction pillow: Must wear at</li> </ul>	all times except for hygiene.
Range of Motion: No shoulder ROM allowed; elbow/forearm/wrist/hand motion ONLY.	
<ul> <li>Exercises: pendulums and grip strengtheni</li> </ul>	ng; NO shoulder strengthening or motion exercises permitted.
Phase I (6 - 12 Weeks after surgery):	
<ul> <li>Sling with abduction pillow: Discontinue.</li> </ul>	
• ROM: PROM only, including FF, ER, and ABD (within a comfortable range); No AROM/AAROM.	
Exercises: continue pendulums; begin sca	pular exercises including elevation with shrugs, depression,
retraction, and protraction; no resistance e	xercises before 3 months.
• Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after).	
Phase II (12 - 14 Weeks after surgery):	Need to know what the symbols on the original mean
ROM: Progress PROM and begin AAROM	progress slowly.
• Week 12-13: perform while supine.	
	oped up 45°; then advance to upright position. ove postoperative arm into FF, ER, and ABD.
<ul> <li>Therapeutic Exercises: Progress Phase I exercises; no shoulder strengthening yet.</li> <li>Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after).</li> </ul>	
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Phase III (14 - 18 Weeks after surgery):	
ROM: Begin to AROM in all planes progre	ess slowly.
Therapeutic Exercises: Begin isometric exer	rcises (use pillow or folded towel without moving the shoulder).
Modalities: Per therapist, including electrication	al stimulation, ultrasound, heat (before), ice (after).



## Phase IV (18 - 22 Weeks after surgery):

- ROM: Progress to full, painless, AROM.
- Therapeutic Exercises: Progress Phase III exercises, begin gentle resistance exercises, including resisted scapular strengthening, rotator cuff strengthening, and deltoid strengthening.
  - Resistance exercises should be done 3 days/week, with rest between sessions.
  - Do not do full or empty-can exercises  $\rightarrow$  these place too much stress on the rotator cuff.
- Modalities: Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after).

\*If a distal clavicle excision is performed, horizontal adduction is restricted for 8 weeks post-op \*\*If a biceps tenodesis is performed, avoid active flexion of biceps and eccentric loads on biceps for 6 weeks post-op \*\*\*Limited return to sports activities during Phase IV if cleared by surgeon

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary. This patient \_\_\_\_\_ would \_\_\_\_\_ would not benefit from social services.

Physician Name: \_\_\_\_\_

Date:

