

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Anterior shoulder instability Code: S43.019

Procedure: Latarjet Surgery Date: _____

Instructions

- Sling immobilization for the first two weeks post-operatively.
- No shoulder range of motion for the first two weeks post-operatively.
- Remove sling for elbow, wrist, and hand motion three times a day for the first two weeks.
- At two weeks begin physical therapy progression from passive to active assisted to active range of motion. Avoid the abducted and externally rotated position for the first six weeks post-operatively, otherwise no motion restrictions.
- Begin strengthening at six weeks, progressing from isometrics to bands to weight to plyometrics with no specific weight restrictions after six weeks.
- Avoid heavy manual labor and athletic activities that involve the upper extremity for the first three months post-operatively.

Modalities

Heat before and ice after therapy.

Frequency: 2-3 times/week Duration: 6 weeks, starting at 2 weeks post-operatively

Signature: _____ Date: _____