

Patient:

__ Date of Surgery: __

Procedure: Right/Left Arthroscopic Posterior Stabilization

First week: Sling at all times except for hygiene and pendulums if instructed. Home exercises of elbow and wrist ROM, grip strengthening and small pendulums.

Phase I (0-6 wks): Begin formal PT (2-3x per week)

Weight bearing: NWB, ok for typing if in sling Brace: External rotation Sling at all times. Pillow is optional for sling. Ice: Not directly on skin, recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum.

ROM: Restrict to 90° FFlex and neutral IR. Unlimited ER at side. No cross body adduction. 45° abduction.

Exercises: Progress PROM to AAROM to AROM as tolerated in above limits. Cuff, periscapular and deltoid isometrics in sling only.

Phase II (6-12 wks): Discontinue immobilization

Weight bearing: < 2-5 lbs operative arm

Brace: Discontinue sling after 6 weeks.

ROM: Progress active ROM to within 20° of contralateral, no aggressive passive stretching in FE, cross body adduction or IR.

Exercises: At 8-10 weeks advance as tolerated to bands and to light weights (1-5 lbs) with 8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers. No more than 3x / week to avoid cuff tendinitis. Begin to eccentrically resisted motions.

Phase III (12 wks-18 wks): Progress with strength

Weight bearing: Advance to tolerance.

ROM: No restriction. If lacking continue gentle passive stretching at end ranges. **Exercises:** Begin eccentrically resisted motions, plyometrics (weight ball toss), proprioception (body blade) and closed chain strengthening. Transition to job related and sport specific strengthening. Advance to light gym related strengthening with guidance from therapist.

Phase IV (18 wks to 5 mo): Sport specific training

Weight bearing: Full

Throwing: 4.5 months if full strength start light tossing, pitching from mound by ~6 months.

Contact Sports: MD clearance, typically at 4.5 months.

Work: Overhead heavy lifting can begin to tolerance at ~4 months. Heavy labor may take 4-6 months.

Exercises: Continue self directed exercises.

Frequency: ______x/week x _____weeks

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

Date:_____

Dax Varkey MD, MPH