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Physical Therapy Prescription – Anterior Shoulder Stabilization

Name: _____ **Date:** _____

Diagnosis: R / L anterior shoulder stabilization **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks

Phase 1 – Weeks 0–6

- **Sling with pillow:** Must wear at all times except for hygiene, continue for a total of 6 weeks
- **Range of Motion:**
 - Weeks 0-2: No Shoulder ROM
 - Weeks 2-4: PROM and AAROM including FF to 90° and ER to neutral with arm at side
 - Weeks 4-6: PROM and AAROM including FF to 120°, ER to 20° with arm at side, ABD to 90°
 - No Combined Abd-ER
- **Exercises:** begin gentle isometrics at week 2; but no ER/IR
 - Weeks 4-6: begin scapular stabilizers (protraction, retraction) with arm in sling
 - **NO combined ABD-ER**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase II (Weeks 6 – 12 after surgery):

- **Sling:** Discontinue (unless in crowd or in slippery environment)
- **Range of Motion:** increase FF as tolerated, begin AROM in all planes
 - Week 8+: progress motion as tolerated
- **Exercises:** continue Phase I; begin resisted isometrics (no IR); posterior glides are okay (no anterior glides)
 - Week 8+: slowly progress to resisted exercises with theraband
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Phase III (Weeks 12 – 24 after surgery):

- **Range of Motion:** Full
- **Exercises:** continue Phase II, advance as tolerated
- Consider return to sport at 18-24 weeks

Signature: _____ **Date:** _____

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