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Patient Name: _____ Date: _____

____ Evaluate and Treat ____ Provide patient with home program Frequency: ____ x/week x ____ weeks

Phase I (0-1 wks): Initial healing, fracture consolidation.

- No formal PT.
- ROM at home (Codmans, elbow/wrist ROM in sling)

Phase II (1-3 wks): Protected ROM.

- Start formal PT
- Sling at all times (may remove for showering)
- Supervised A+PROM forward elevation, IR/ER with arm at side _____

Phase III (3-6 wks): Begin strengthening.

- D/C sling at 3 wks
- Continue AA+PROM flex, IR/ER with arm at side - goals by 6 wks: flex >140 deg, ER @ side >40 deg
- Begin isometric and active-assisted cuff and periscapular strengthening (below shoulder level) and progress as tolerated.

Phase IV (6-12 wks): Advanced strengthening.

- Progress A+PROM in all planes
- Start gentle active cuff and periscapular strengthening (below shoulder level); advance as tolerated.
- ____ Phase IV (3-6 mos): Sport-specific.
- Maintenance program of cuff and periscapular stretching/strengthening
- Transition to sport/labor-specific activities

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

Signature _____ Date _____