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**Physical Therapy Prescription – Arthroscopic Subacromial Decompression**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** R / L shoulder arthroscopic SAD **Date of Surgery:** \_\_\_\_\_

**Frequency:** 2-3 times per week for \_\_\_\_\_ weeks

**Phase I (Weeks 0 – 4):**

- **Sling:** Discontinue 2 weeks after surgery
  
- **Range of Motion:** shoulder and elbow PROM/AAROM/AROM as tolerated
  - **If concomitant DCE performed** ∞ horizontal adduction restricted until 8 weeks postop
  
- **Exercises:** pendulums, grip strengthening, pulleys/canes, hand/wrist/elbow strengthening
  
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

**Phase II (Weeks 4 – 8):**

- **Sling:** None
- **Range of Motion:** increase as tolerated to full AROM
  
- **Exercises:** continue Phase I, begin closed chain scapula, deltoid/cuff isometrics, and scapular protraction/retraction, begin therabands
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

**Phase III (Weeks 8 – 12):**

- **Range of Motion:** Full
- **Exercises:** Advance strengthening as tolerated; begin eccentrically resisted motions and closed chain exercises; begin return to sport activities at 12 weeks

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_