



\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

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\_\_\_\_\_

\_\_\_\_\_  
**Diagnosis**

\_\_\_\_\_  
**Date of Surgery**

**Phase I (Weeks 0-4)**

- Sling immobilization at all times except for showering and rehab under guidance of PT
- **Range of Motion** –AAROM -> AROM as tolerated
  - o Restrict motion to 140° of Forward Flexion, 40° of External Rotation and Internal Rotation to stomach
  - o No Internal Rotation up the back/No External Rotation behind the head
- **Therapeutic Exercise**
  - o Wrist/Hand Range of Motion
  - o Grip Strengthening
  - o Isometric Abduction, Internal/External Rotation exercises with elbow at side
  - o No resisted Forward Flexion/Elbow Flexion (to avoid stressing the biceps

origin)

- **Heat/Ice before and after PT sessions**

**Phase II (Weeks 4-6)**

- **Discontinue sling immobilization**
- **Range of Motion** – Increase Forward Flexion, Internal/External Rotation to full motion as tolerated
- **Therapeutic Exercise**
  - o Advance isometrics from Phase I to use of a theraband within AROM limitations
  - o Continue with Wrist/Hand Range of Motion and Grip Strengthening
  - o Begin Prone Extensions and Scapular Stabilizing Exercises (traps/rhomboids/levator scapula)
  - o Gentle joint mobilization

- **Modalities per PT discretion**

**Phase III (Weeks 6-12)**

- **Range of Motion** – Progress to full AROM without discomfort
- **Therapeutic Exercise** – Advance theraband exercises to light weights (1-5 lbs)
  - o 8-12 repetitions/2-3 sets for Rotator Cuff, Deltoid and Scapular Stabilizers
  - o Continue and progress with Phase II exercises
  - o Begin UE ergometer Modalities per PT discretion

**Phase IV (Months 3-6)**

- **Range of Motion** – Full without discomfort
- **Therapeutic Exercise** – Advance exercises in Phase III (strengthening 3x per week)
  - o Sport/Work specific rehabilitation
  - o Return to throwing at 4.5 months
  - o Return to sports at 6 months if approved
- **Modalities per PT discretion**

**Comments:**

**Frequency:** \_\_\_\_\_ **times per week**      **Duration:** \_\_\_\_\_ **weeks**

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