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### **Physical Therapy Prescription**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: Right/Left Shoulder arthroscopy with acromioplasty, with/without distal clavicle resection

Date of Surgery: \_\_\_\_\_

Evaluate and Treat

Provide patient with home exercise program

Week 1 – Pendulums, PROM in forward flexion and external rotation

Weeks 2-4

- ◆Progress ROM as tolerated – PROM / AAROM / AROM  
(Goal – 140 degrees forward flexion/ 40 degrees ER at side)
- ◆Hold cross body adduction with distal clavicle resection
- ◆D/C sling by 2 weeks expect for sleeping as needed

Weeks 4-8

- ◆Progress AROM to include abduction and rotation
- ◆PROM at end ranges with increased stretching  
(Goal – 160 degrees forward flexion, 60 degrees ER at side)
- ◆Begin isometrics with arm at side for RC and deltoid, increase to bands and wall push-ups as tolerated, begin core strengthening

Weeks 8-12

- ◆Advance strengthening as tolerated – focus on RC, deltoid, scapular stabilizers
- ◆Strengthening only 3 times per week
- ◆Stretching to continue daily
- ◆Begin resistive exercises and closed chain exercises

Other:

Modalities

Electric Stimulation    Ultrasound    Iontophoresis    TENS    Heat before/after  
Ice before/after exercise

Functional Capacity Exam

Work Hardening/Conditioning

Frequency: \_\_\_\_\_ x/ week x \_\_\_\_\_ weeks

Signature: \_\_\_\_\_

Please fax a copy of patient report to 312-942-1517 at least 3 days prior to patient appointment.