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CENTER FOR
Advanced Orthopedics
AND SPORTS MEDICINE



Physical Therapy Prescription – Anterior Labrum/Instability Arthroscopy

Name: _____ **Date:** _____

Diagnosis: R / L Anterior Labrum/Instability **Date of Surgery:** _____

Frequency: 2-3 times per week for _____ weeks, **beginning 2 weeks after surgery**

PHASE I 0-6 weeks

Range of Motion:

0-3 weeks: None → elbow/wrist/neck motion ONLY

3-6 weeks: begin PROM Limit flexion to 90°, external rotation to 45°, extension to 20°

Sling Immobilizer:

0-6 weeks: Immobilized at all times day and night

Off for hygiene and gentle exercise only

Exercises:

0-3 weeks: elbow/wrist ROM, grip strengthening at home only

2-6 weeks: begin PROM activities – Codman's, posterior capsule mobilizations
avoid stretch of anterior capsule and extension; closed chain scapula

PHASE II 6-12 weeks

Range of Motion: Begin active/active assistive ROM, PROM to tolerance

Goals: Full extension rotation, 135° flexion, 120° abduction

Exercises:

Continue Phase I work

Begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks

Begin resistive exercises for scapular stabilizers, biceps, triceps, and rotator cuff*

PHASE III 12-16 weeks

Range of Motion: Gradual return to full AROM

Exercises: Advance activities in Phase II; emphasize external rotation and latissimus eccentrics,
glenohumeral stabilization

Begin muscle endurance activities (upper body ergometer)

Cycling/running okay at 12 weeks

PHASE IV 4-5 months

Range of Motion: Full and pain-free

Exercises: Aggressive scapular stabilization and eccentric strengthening

Begin plyometric and throwing/racquet program, continue with endurance activities Maintain
ROM and flexibility

PHASE V (5-7) months:

Range of Motion: Full and pain-free

Exercises: Progress Phase IV activities, return to full activity as tolerated

Physician Signature: _____

Date: _____

For more orthopedic information and rehab protocols visit www.drsiwiec.com