



**ORTHOPEDIC
PARTNERS**
Formerly Norwich Orthopedic Group
EST. 1957

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POSTERIOR SHOULDER STABILIZATION PRESCRIPTION

Name _____

Date _____

Diagnosis _____

Date of Surgery _____

Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 Weeks

_____ Weeks 0-3:

- Gunslinger Brace
- Isometrics in brace
- Grip strengthening

_____ Weeks 3-6:

- Restrict to FF 90°/IR to stomach PROM → AAROM → AROM
- ER with arm at side as tolerated
- Begin isometrics with arm at side – FF/ER/IR/ABD/ADD
- Start scapular motion exercises (traps/rhomboids/lev. scap/etc)
- No cross-arm adduction, follow ROM restrictions
- Heat before treatment, ice after treatment per therapist's discretion

_____ Weeks 6-12:

- Increase ROM to within 20° of opposite side; no manipulations per therapist; encourage patients to work on ROM on a daily basis
- Advance strengthening as tolerated: isometrics → bands → light weights (1-5 lbs); 8-12 reps/2-3 sets per rotator cuff, deltoid, and scapular stabilizers
- Only do strengthening 3x/week to avoid rotator cuff tendonitis
- Closed chain exercises

_____ Months 3-12:

- Advance to full ROM as tolerated
- Begin eccentrically resisted motions, plyometrics (ex. Weighted ball toss), proprioception (es. body blade)
- Begin sports related rehab at 3 months, including advanced conditioning
- Return to throwing at 4 ½ months
- Throw from pitcher's mound at 6 months
- MMI is usually at 12 months post-op

Modalities

Electric Stimulation

Ultrasound

Signature: _____

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