



Jozef Murar, M.D.

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PHYSICAL THERAPY PRESCRIPTION:
SHOULDER ARTHROSCOPY WITH CAPSULAR RELEASE AND MANIPULATION

Patient Name: _____ **Date:** _____

Treatment Frequency 2 - 3 times a week **Duration: 8 weeks** **SITE: R L**

MODALITIES: PR

Please Send Progress notes

Physician's Signature: _____
(I have medically prescribed the above treatments)

Jozef Murar, M.D.
Orthopaedic Surgeon

WEEKS 1 - 6

Anti-Inflammatory Modalities (Ice!) – as needed

- Range of motion exercises all planes to tolerance (ABD, FF, ADD, ER, IR)!
- Codman's, pendulums, pulleys, cane assistive ROM
- INSTRUCT HOME PROGRAM – TO BE DONE DAILY.
- Biceps / triceps isotonic / Elbow & Wrist motion exercises
- Scapular stabilization exercises
- Cardiovascular training as tolerated (Running, bike)
- Anterior and Posterior capsular stretch after warm-up
- Recommend 4-5 visits per week during the first two weeks postoperatively; then 3x per week

WEEKS 6 - 18

- Range of motion exercises all planes to tolerance (ABD, FF, ADD, ER, IR)
- Continue upper extremity PRE's
- Continue scapular stabilization / strengthening exercises
- IR / ER isotonic exercises below horizontal (emphasize eccentrics)
- Biceps PRE's
- Continue with shoulder and neck flexibility exercises
- Modalities PRN
- Functional activities begin week 6 (ADL's, Sports)
- Plyometrics