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**PHYSICAL THERAPY PRESCRIPTION FOR
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