

# PHYSICAL THERAPY PRESCRIPTION



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## ARTHROSCOPIC INSPACE IMPLANTATION PROTOCOL

**Surgical Date:** \_\_\_\_\_

**Side:**  Right  Left

**Diagnosis:**  Arthroscopic InSpace Implantation  Distal Clavicle Excision  Biceps Tenodesis

Postop	Goals	Precautions	Exercises
<b>Weeks 0-4</b> HEP daily	Edema and pain control Sling immobilization	Sling at all times including sleep Remove for hygiene & exercises	Codman & Pendulum Sidelying scapular stabilization Elbow, wrist, hand ROM Gripping exercises Joint mobilizations Scapular stabilization Deltoid, biceps, triceps isometrics with arm at side A/AA/PROM: FF plane scapula 120°, ER 20° AROM plane scapula (supine → standing)
<b>Weeks 4-6</b> HEP daily	Restore ROM  Gradual return to light ADL's below 90° elevation  Normal scapulohumeral rhythm below 90° elevation	DC sling Avoid excessive passive stretching at end ranges	Advance scapular stabilization Improve scapulohumeral rhythm below 90° Progress A/AA/PROM to FF 155°, ABD 135°, ER 45°, ABER 90°, ABIR 45° Begin ER & IR isometrics Hydrotherapy if available
<b>Weeks 6-12</b> HEP daily	Full ROM Normalize scapulohumeral rhythm throughout ROM	Avoid painful ADL's OK to begin running/cycling	A/AA/PROM no limits Continue scapular stabilization Advance scapulohumeral rhythm Endurance: upper body ergometer (UBE) Begin resistive strengthening for scapula, biceps, triceps, and rotator cuff
<b>Weeks 12-24</b> HEP daily	Full ROM and strength Improve endurance Prevent re-injury	Avoid painful activities Return to sport (MD directed)	Advance eccentric training Initiate plyometrics Advance endurance training Sport specific activities Throwing/racquet program ~5 months Contact sports 6 months

### AMENDMENTS TO PROTOCOL FOR CONCOMITANT PROCEDURES

- DISTAL CLAVICLE EXCISION:** Weeks 0-8: no cross-body adduction, abduction >90°, or rotation in 90°.
- BICEPS TENODESIS:** Weeks 0-4: no active elbow flexion. Weeks 4-8: begin biceps isometrics. Weeks 8+: begin biceps resistance training.

**Frequency & Duration:**  1-2  2-3 x/week for \_\_\_\_\_ weeks \_\_\_\_\_ Home Program

**Physician's Signature:** \_\_\_\_\_ **M.D.**