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Patient Name:

Date:

Date of surgery:

Visit per week:

PHYSICAL THERAPY PRESCRIPTION:

**LEFT OR RIGHT SHOULDER ARTHROSCOPY WITH COMBINED ANTERIOR,
SUPERIOR, & POSTERIOR LABRAL REPAIR**

Weeks 3-6: Phase I

Sling Immobilizer: At all times except for showering and exercise

Exercises: Passive ER to 45 and extension to neutral
Passive FF in scapular plane to 140
AROM wrist/elbow
Scapular “pinches”
Pain free submaximal deltoid isometrics
Modalities as needed

Advancement Criteria: ER to 45
FF in scapular plane to 140
Minimal pain and inflammation

Weeks 6-10: Phase II

Sling Immobilizer: At all times except for showering and exercise
Discontinue at week 8

Exercises: Passive & Active assisted FF in scapular plane – no limits (wand exercises, pulleys)
Passive & Active assisted ER – no limits
Manual scapular side-lying stabilization exercises
IR/ER submaximal, pain free isometrics
Modalities as needed

Advancement Criteria: FF to 160
ER to 60
Normal scapulohumeral rhythm
Minimal pain and inflammation

Weeks 10-14: Phase III

Exercises: AAROM for full FF and ER
AAROM for IR – no limits
IR/ER/FF isotonic strengthening
Scapular and latissimus strengthening
Humeral head stabilization exercises
Begin biceps strengthening
Progress IR/ER to 90/90 position if required
General upper extremity flexibility exercises

Advancement Criteria: Normal scapulohumeral rhythm
Full upper extremity ROM
Isokinetic IR/ER strength 85% of uninvolved side
Minimal pain and inflammation

Weeks 14-18: Phase IV

Exercises: Continue full upper extremity strengthening program
Continue upper extremity flexibility exercises
Activity-specific plyometrics program
Begin sport or activity related program
Address trunk and lower extremity demands

Discharge Criteria: Isokinetic IR/ER strength equal to uninvolved side
Independent HEP
Independent, pain-free sport or activity specific program

* Please Send Progress Notes *

Signature: _____

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