

SHOULDER PHYSIOTHERAPY REFERRAL

Arthroscopic Decompression of Paralabral Cyst and Labral Repair

Dear Physiotherapist,
Thank you for seeing:

Surgery Date:

Preoperative Diagnosis: Left / Right anterior instability

Surgical Procedure: Arthroscopic decompression of paralabral cyst and repair of labrum

Treatment Required: Could you please commence the following:

Wean sling from 6 weeks post op

| <u>SHOULDER</u> | | Days | Week |
|---------------------|--|-------------|-------------|
| ROM | closed chain passive desk slide exercises | | 6 |
| | Forward elevation - Passive | | 6 |
| | - Active assisted | | 6 |
| | - Active supine | | 6 |
| | - Active erect | | 6 |
| | External rotation - Passive | | 6 |
| | - Active | | 6 |
| | IR / Posterior capsular stretch | | 10 |
| Strength | Light ER in adduction therapy (<40% max) | | 10 |
| | Non weight-bearing scapular stabilisation | | 6 |
| | Lifting limit of 1kg until: (Add ½ kg per week as tolerated) | | 12 |
| | Proprioceptive exercises | | 12 |
| <u>ELBOW</u> | | | |
| ROM | Passive | 1 | |
| | Active | 1 | |

Please notify me by phone, fax or email if you have concerns re:

- Excessive pain
- Excessive stiffness
- Concerns about compliance.

With thanks

Dr Alan Dao Date: _____