

Physical Therapy Prescription

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Diagnosis: AC Separation Code: S43.10  
Procedure: AC Reconstruction Surgery Date: \_\_\_\_\_

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**In order for University of Utah Health Care to complete this referral, please fax the patient's first consult notes to the University of Utah Orthopaedic Center at 801-581-4404. Thank you.**

*Timing of each phase varies based on individual patient factors, length of time immobilized, strength/ROM status, and expected performance/activity demands.*

**Phase I: Protect Repair (0 to 8 weeks after surgery)**

- Patients may shower immediately over clear plastic, waterproof dressing
- Sutures will be removed at your first post-operative visit
- Ice or cold flow systems encouraged for the first week at a minimum: should be used 3-4 times per day.
- Sling should be in place when not performing exercises.
- Initiate exercise program 3 times per day:
  - Immediate elbow, forearm and hand range of motion out of sling
  - Pendulum exercises
  - Passive and active assistive ER at the side to 30, flexion to 130
- No lifting with involved extremity.
- AVOID scapular range of motion exercises.

**Phase II: Progress ROM & Protect Repair (8 to 12 weeks after surgery)**

- May discontinue sling.
- Lifting restriction of 5 pounds with the involved extremity.
- Advance active and passive ROM in all planes to tolerance.
- Initiate gentle rotator cuff strengthening.
- Initiate scapular AROM exercises.

**Phase III: Full Function (3 months after surgery)**

- Discontinue lifting restrictions.
- Advance rotator cuff and scapular stabilizer strengthening.
- Initiate functional progression to sports specific activities at 4 months.

Modalities per Therapist  
Freq: 1-3x/week  
Duration: 8-12 weeks

Signature \_\_\_\_\_