

PHYSICAL THERAPY PRESCRIPTION

DIAGNOSIS (LEFT / RIGHT) REVERSE TOTAL SHOULDER REPLACEMENT

DATE OF SURGERY _____

SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

STAGE I : PROTECTED PASSIVE AND ASSISTED RANGE OF MOTION

- Week 2-6 :**
- Passive supine Forward Flexion (LIMIT 90)
 - Assisted supine Forward Flexion (LIMIT 90)
 - Assisted ER to neutral
 - NO Extension
 - Isometrics – ER, posterior and middle Deltoid

PRECAUTIONS:

- Initial PROM/AAROM should be limited to less than 90° elevation, 0° external rotation, 45° abduction
- No AROM, resistance, or strengthening exercises are performed with involved upper extremity
- Immobilization with sling

STAGE II : ACTIVE RANGE OF MOTION AND AAROM

- Week 6-12 :**
- Active supine Forward Flexion with Elbow flexed (LIMIT 120)
 - Active Forward Flexion raising arm from table top
 - Gradual increase of activities from supine to vertical position
 - Progress to Active ER (EXPECT ONLY 30-45)
 - Continue deltoid isometrics

PRECAUTIONS:

- No strengthening or resistance exercises
- No forceful stretching or PROM
- No passive/active assistive with overpressure stretching in adduction, flexion >120 or combined external rotation and abduction

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STAGE III : STRENGTHENING AND AROM

- Week 12+:**
- Pool exercise program, Low resistance Theraband™ exercises, and light weights for deltoid strengthening.
 - Include teres minor and subscap strengthening.
 - Strengthening exercises are directed to improving deltoid muscle balance and functional strength
 - Progress from submaximal isometrics to limited-range to full-range isotonic, resistive exercises below shoulder height is encouraged.
 - External rotation strength long-term is usually compromised.

Month 4 : Increase Resistive exercises, continue AROM

PRECAUTIONS

- Forceful active assistive or stretching exercises in ROM greater than 140° flexion, 45° external rotation, internal rotation behind the frontal plane and horizontal adduction beyond neutral
- Do not stretch mild <20° abduction contracture
- Scapular substitution is expected with AROM in elevation to maximize efficiency of deltoid2
- No weight lifting above shoulder height or lifting with weights >5-10lbs

GOALS : 90 degrees of Active Elevation by 3 months post-op.
Over 90 degrees of Active Elevation by 4 months post-op.
Rehabilitation should be continued for one year.
Expected pain relief is good.
Improvements in strength and range of motion are variable.

ADDITIONAL INFORMATION / INSTRUCTIONS:

Treatment: _____ times per week Duration: _____ weeks

**Please send progress notes.

Physician's Signature: _____
Stephan J. Sweet, M.D., M.P.H.