

# PHYSICAL THERAPY PRESCRIPTION

**Jeffrey Wong, MD**

SCOS Orthopedic Specialists  
18785 Brookhurst Street, Ste 100  
Fountain Valley, CA 92708  
(714) 500-5056 Phone  
(949) 900-2116 Fax

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

D.O.B: \_\_\_\_\_ MRN: \_\_\_\_\_

DIAGNOSIS: SHOULDER \_\_\_\_\_

Right  Left  Bilateral

PROCEDURE: REVERSE TOTAL SHOULDER ARTHROPLASTY

DATE OF SURGERY: \_\_\_\_\_

## Phase I – Immediate Postop Period (0-3 weeks)

### Goals:

- Allow healing of soft tissue
- Maintain integrity of replaced joint
- Gradually increase passive range of motion (PROM) of shoulder; restore active range of motion (AROM) of Elbow/Wrist/Hand
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independence of ADLs with modifications while maintaining the integrity of the replaced joint.

### Rehab:

- Immediate pendulum exercises
- Begin ROM exercises in *supine* position
  - Shoulder PROM – FF, ER < 30 deg if subscapularis repair performed, IR to chest.
  - Active ROM of elbow / wrist / hand allowed
  - Advance to active-assist shoulder flexion, abduction, gentle ER at 2 weeks
- Begin sub-maximal, pain free shoulder and scapular isometrics and pulleys
- Cryotherapy

### Precautions:

- Avoid passive ER > 30 degrees if subscapularis repair performed, as this could lead to failure of subscapularis repair
- Wear sling at all times for first 3 weeks
- When lying supine, should have a small pillow or towel roll behind elbow to avoid stretch on subscapularis repair
- Avoid active shoulder ROM

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Criteria for progression to the next phase:

- Tolerates PROM program at least 90 degrees PROM flexion
- At least 90 degrees PROM abduction.
- At least 70 degrees PROM IR in plane of scapula
- Be able to isometrically activate all shoulder, RC, and upper back musculature

## PHASE II – EARLY STRENGTHENING (WEEKS 3-6)

Goals:

- Continue PROM progression/ gradually restore full passive ROM
- Gradually restore active motion
- Control pain and inflammation
- Allow continue healing of soft tissue
- Do not overstress healing tissue
- Re-establish dynamic shoulder stability

Rehab:

- Continue ROM exercises
  - At week 3, continue PROM / AAROM in seated position, begin horizontal adduction
  - At week 4, add active FF, ER, IR, abduction
- Continue isometric scapular strengthening program
- Begin isometric rotator cuff and deltoid strengthening

Precautions:

- No heavy lifting of objects (no heavier than coffee cup)
- No supporting of body weight by hands and arms
- No sudden jerking motions
- Wean sling at 3 weeks but continue to wear sling at night for 6 weeks
- Use towel or pillow behind elbow while lying supine

Criteria for progression to next phase:

- Tolerates P/AAROM, isometric program
- Has achieved at least 140 degrees PROM flexion
- Has achieved at least 120 degrees PROM abduction
- Has achieved at least 60+ degrees PROM ER in plane of scapula
- Has achieved at least 70 degrees PROM IR in plane of scapula
- Be able to actively elevate shoulder against gravity with good mechanics to 100 degrees

## Phase III – Moderate strengthening (week 6-12):

Goals:

- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities with involved upper extremity

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Rehab:

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- Increase active and passive ROM
- Progress strengthening program with bands and light weights

Criteria for progression to the next phase (IV):

- Tolerates AA/AROM
- Has achieved at least 140 degrees AROM flexion supine
- Has achieved at least 120 degrees AROM abduction supine.
- Has achieved at least 60+ degrees AROM ER in plane of scapula supine
- Has achieved at least 70 degrees AROM IR in plane of scapula supine
- Be able to actively elevate shoulder against gravity with good mechanics to least 120 degrees

Phase IV – Advanced strengthening (week 12 and beyond):

Goals:

- Maintain full non-painful active ROM
- Enhance functional use of UE
- Improve muscular strength, power, and endurance
- Gradual return to more advanced functional activities

Rehab:

- Progressive rotator cuff, deltoid, scapular strengthening program with heavier weights (< 10 lbs)
- Return to play/sport program as needed

Precautions:

- Avoid exercise and functional activities that put stress on the anterior capsule and surrounding structures (ex. no combined ER and abduction above 80 degrees of abduction)
- Ensure gradual progression of strengthening

Criteria for discharge from skilled therapy:

- Patient able to maintain full non-painful active ROM
- Maximized functional use of UE
- Patient has returned to more advanced functional activities

Treatment:  Eval and Treat or  1  2  3 times per week

Duration:  4  6 weeks

Home Program

\*\*Please send progress notes.

Physician's Signature: \_\_\_\_\_



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