# 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

	(714) 500-5056 Pr (949) 900-2116 I	
DATE:		
PATIENT NAME:		
D.O.B:	MRN:	
DIAGNOSIS: SHOULD	ER DEGENERATIVE JOINT DISEASE  Bilateral	
PROCEDURE: DATE OF SURGERY: _		
<u>Phase I – Immediate I</u>	Postop Period (0-3 weeks)	
<ul> <li>Gradually incr</li> <li>(AROM) of Elb</li> <li>Diminish pain</li> <li>Prevent musc</li> </ul>	grity of replaced joint ease passive range of motion (PROM) pow/Wrist/Hand and inflammation ular inhibition	) of shoulder; restore active range of motion aintaining the integrity of the replaced joint.
Shoulder F	endulum exercises xercises in <i>supine</i> position PROM – FF, ER < 30 deg, IR to chest. M 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, 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:

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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, abduction. Avoid active IR until 6 weeks.
- Continue isometric scapular strengthening program
- Begin isometric rotator cuff (supra, infra) 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:

- Increase active and passive FF, ER, abduction in the scapular plane

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- Initiate active IR, initiate gentle assisted IR behind back
- Progress rotator cuff and scapular strengthening program with bands and light weights
- Begin deltoid strengthening program

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
- Progress closed chain exercises as appropriate

### Rehab:

- Progressive rotator cuff, deltoid, scapular strengthening program
- 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: \_

NPI #: 1164790507