

PHYSICAL THERAPY PRESCRIPTION

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Keck Medicine
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PATIENT STICKER

DATE OF SURGERY: _____

DIAGNOSIS: (LEFT/RIGHT) REVERSE TOTAL SHOULDER REPLACEMENT

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 for 2-3 weeks post-op

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

STAGE III: STRENGTHENING AND AROM

Week 12+:

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- 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 ROM

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

Physician's Signature: _____
Frank A. Petrigliano, MD, Attending Orthopaedic Surgeon, USC