

PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

DATE OF SURGERY: _____

DIAGNOSIS: (LEFT/RIGHT) TOTAL SHOULDER REPLACEMENT OR HEMIARTHROPLASTY

SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

STAGE I: PASSIVE AND ASSISTED RANGE OF MOTION

Week 1:

- Passive supine Forward Flexion
- Assisted supine Forward Flexion
- Assisted ER to neutral
- Assisted Extension

Week 2:

All Week 1 exercises plus:

- Assisted horizontal ER (supine)
- Assisted horizontal ADD, ABD
- Passive IR
- Isometrics – ER, posterior and middle Deltoid

STAGE II: ACTIVE RANGE OF MOTION AND MUSCLE

Week 3:

All week 1-2 exercises plus:

- Active supine Forward Flexion with Elbow flexed
- Active Forward Flexion raising arm from table top
- Gradual increase of activities from supine to vertical position
- Progress to Active Flexion, Extension, ABD and ER

Week 4:

All exercises above plus:

- Begin Active IR
- Gradual increase of Active ROM exercises
- Theraband exercises for Flexion, Extension, ER
- Light Resistive exercises

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STAGE III: FINAL STRENGTHENING

Month 3: Increase resistive exercises, continue gentle PROM and AROM unlimited.

Month 4: Begin resistance exercises using weights

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: _____

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