

# PHYSICAL THERAPY PRESCRIPTION



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PATIENT STICKER

**Diagnosis:** ( LEFT / RIGHT ) anatomic total shoulder arthroplasty    **DATE:** \_\_\_\_\_

### SHOULDER PHYSICAL THERAPY PRESCRIPTION (A)

General restrictions:

- Sling X 6 weeks (Elbow, wrist and fingers ROM 3 times a day out of sling)
- PROM limited to 130deg Forward flexion and 30deg External rotation X 6 weeks
- AROM for activities of daily living below the shoulder at 6 weeks postoperatively
- Progressive ROM gains above 130deg FF and 30deg ER after 4 weeks

\_\_\_ Start passive range of motion at approximately 3 weeks after surgery

\_\_\_ Advance to passive ROM exercises limited to a maximum of 130deg forward elevation and 30deg external rotation in adduction, but NO resistance exercises (~ 3 to 6 weeks postoperatively)

\_\_\_ Advance to active ROM exercises as tolerated but no resistance exercises (approximately at 6 to 8 weeks postoperatively)

\_\_\_ Begin resistance training of rotator cuff and peri-scapular muscles once adequate motion restored and cleared by M.D. (evidence of radiographic healing on follow up xray)

\_\_\_ No lifting anything heavier than a cup of coffee with operative arm for ~3 months

\_\_\_ Work on internal rotation active range of motion, begin with isometrics and progress to ROM as tolerated

\_\_\_ Rotator Cuff, Deltoid and Scapular Stabilization program exercises

**Treatment:** \_\_\_\_\_ times per week    **Duration:** \_\_\_\_\_ weeks    **Re-evaluate at 12 weeks**

**Transition to home program when appropriate:** \_\_\_\_\_

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

**Thomas Kremen, MD, UCLA Department of Orthopaedic Surgery**