

PHYSICAL THERAPY PRESCRIPTION



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PATIENT STICKER

Diagnosis: (LEFT / RIGHT) Proximal Humerus Fracture Surgery **DATE:** _____

SHOULDER PHYSICAL THERAPY PRESCRIPTION

General restrictions:

- Sling X 2-3 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 6 weeks
- No weight training or lifting for at least 3 months

___ Range of Motion: Passive well-arm assisted over limited ROM (130deg forward flexion and 30deg external rotation)

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

___ Begin resistance training of rotator cuff and peri-scapular muscles once 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 (Left / Right) arm for ~ 3 months

___ Rotator Cuff exercises

___ Rotator Cuff, Deltoid and Scapular Stabilization program exercises

___ Progress to Deltoid, Lats, Triceps and Biceps. Progress Scapular Stabilizers to Isotonics below Horizontal

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

Transition to home program when appropriate: _____

Physician's Signature: _____

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