

PHYSICAL THERAPY PRESCRIPTION



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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 3-6:

- Passive supine Forward Flexion (LIMIT 120°)
- Assisted supine Forward Flexion (LIMIT 120°)
- Assisted external rotation (ER) to neutral
- NO Extension
- Isometrics – ER, posterior and middle Deltoid

PRECAUTIONS:

- Initial passive range of motion (PROM)/Active assist range of motion (AAROM) should be limited to less than 120° elevation (commonly a maximum of 90° is all that can be tolerated), 0° external rotation, 45° abduction
- No active range of motion (AROM), resistance, or strengthening exercises are performed with involved upper extremity
- Immobilization with sling

STAGE II: ACTIVE RANGE OF MOTION AND AAROM

Week 6-12:

- Active SUPINE Forward Flexion with Elbow flexed, progress ROM as tolerated (goal ROM = 140°, >140° may not be possible)
- Active Forward Flexion raising arm from table top
- Gradual increase of activities from supine to vertical position once demonstrating excellent control with supine activities (i.e. supine FE to 140° is smooth and controlled)
- Progress to Active ER (EXPECT ONLY ~20-40°)
- Continue deltoid isometrics

PRECAUTIONS:

- No strengthening or resistance exercises
- No forceful stretching or forceful PROM

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- No passive/active assistive with overpressure stretching in adduction, flexion >140° or combined external rotation and abduction
- No lifting anything heavier than a cup of coffee with operative arm for approximately 3 months

STAGE III: STRENGTHENING AND AROM

Week 12+:

- Pool exercise program, Low resistance Theraband™ exercises, and light weights for deltoid strengthening.
 - Include teres minor and subscapularis 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.
- Forward elevation > 140° as tolerated, do not force this motion and be aware that > 140° of FE may not be achieved.

Month 4: Increase resistive exercises, continue ROM

PRECAUTIONS:

- Begin resistance training of rotator cuff and peri-scapular muscles ONLY after adequate range of motion has been restored (~140° FE, ER ~30°) and cleared by M.D. and there is evidence of radiographic healing on follow up x-ray (~12 weeks post-operatively)
- Avoid 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 deltoid
- No weight lifting above shoulder height or lifting with weights >5-10lbs

GOALS:

- 90 degrees of active forward elevation (AROM) upright by 3 months after surgery
- Over 90 degrees of active forward elevation by 4 months after surgery
- Rehabilitation should be continued for one year.
- Expected pain relief is good.
- Improvements in strength and range of motion are variable.

ADDITIONAL INFORMATION / INSTRUCTIONS: Life-long restriction of maximum 25lbs weight lifting with surgical arm or 50lbs with both arms after reverse total shoulder replacement.

Treatment: _____ **times per week** **Duration:** _____ **weeks**

Physician's Signature: _____

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