

## Physical Therapy Prescription

<b>ANATOMIC SHOULDER REPLACEMENT REHABILITATION PROTOCOL</b>			
<b>TIME PERIOD</b>	<b>RANGE OF MOTION</b>	<b>IMMOBILIZER</b>	<b>EXERCISES</b>
<b>1<sup>ST</sup> week</b>	PROM/AAROM. Goals: Forward flexion to 60°, ER to 0 degrees (neutral). No internal rotation	At all times unless doing motion exercises	Pendulums/Codmans. Elbow, wrist, hand ROM. NO internal rotation.
<b>1-4 weeks</b>	PROM/AAROM. No Active ROM. May perform functional tasks in front of body (i.e. typing, eating). Goals: Forward flexion to 90°, ER to 15°. No Internal Rotation	Immobilizer while out of home and sleeping for protection. Ok to remove while sitting at home.	Postural work, upper trapezius relaxation, active scapular retraction and depression. Encourage walking program. <b>No lifting greater than a coffee cup</b>
<b>4-8 weeks</b>	PROM/AAROM working towards full ROM. May begin AROM. No Internal Rotation	None	Isometrics. NO internal rotation. No lifting greater than a coffee cup
<b>8-12 weeks</b>	Continue to increase ROM as tolerated.	None	May begin theraband rotator cuff strengthening. Gentle with internal rotation. At 3 months, may do all resistive exercises without limitations. <b>No lifting greater than 5 pounds</b>
<b>4-6 months</b>	Progress to full motion without discomfort	None	Strength training as tolerated. Golf – chipping and putting at 4 months Fly Fishing – 5 months Tennis – 6 months

**\*\*\*Begin Physical Therapy 1 week after surgery**

<p>Dane Todd, MD          Questions please call: # 402-488-3322          Fax: 402-488-3336</p> <p>Patient Name: _____          Surgery Date: _____</p> <p>Physical therapy to evaluate and treat for post op shoulder replacement using the above protocol. 1-2x per week for 12 weeks.</p> <p>Notes: _____</p> <p>MD signature: _____</p>
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