

Physical Therapy Prescription

REVERSE SHOULDER REPLACEMENT REHABILITATION PROTOCOL			
TIME PERIOD	RANGE OF MOTION	IMMOBILIZER	EXERCISES
1ST week	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. Pillow behind elbow when lying supine
2-4 weeks	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	At all times unless doing motion exercises	Postural work, upper trapezius relaxation, active scapular retraction and depression. Encourage walking program. Pillow behind elbow when lying supine. No lifting greater than a coffee cup
4-8 weeks	PROM/AAROM working towards full ROM. May begin AROM. No Internal Rotation	None	Isometrics. NO internal rotation. No lifting greater than a coffee cup
8-12 weeks	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. No lifting greater than 5 pounds
4-6 months	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**

*****Avoid shoulder extension at all times. No internal rotation until 8 weeks post-op**

<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 reverse 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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