#### Taylor R. Dunphy, MD Newport Orthopedic Institute

Orthopaedic Surgery and Sports Medicine

PATIENT NAME

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**DIAGNOSIS: ( LEFT / RIGHT ) REVERSE TOTAL SHOULDER REPLACEMENT**

**DATE OF SURGERY­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION**

**STAGE I : PROTECTED PASSIVE AND ASSISTED RANGE OF MOTION**

**Week 2-6** : • Passive supine Forward Flexion (LIMIT 90)

 • Assisted supine Forward Flexion (LIMIT 90)

 • Assisted ER to neutral

 • NO Extension

 • Isometrics – ER, posterior and middle Deltoid

**PRECAUTIONS:**

• Initial PROM/AAROM should be limited to less than 90º elevation, 0º external rotation, 45º abduction

• No 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 (LIMIT 120)

 • Active Forward Flexion raising arm from table top

 • Gradual increase of activities from supine to vertical position

 • Progress to Active ER (EXPECT ONLY 30-45)

 • Continue deltoid isometrics

**PRECAUTIONS:**

• No strengthening or resistance exercises

• No forceful stretching or PROM

• No passive/active assistive with overpressure stretching in adduction, flexion >120 or combined external rotation and abduction

**STAGE III : STRENGTHENING AND AROM**

**Week 12+:** • Pool exercise program, Low resistance Theraband™ exercises, and light weights for deltoid strengthening.

• Include teres minor and subscap strengthening.

-Strengthening exercises are directed to improving deltoid muscle balance and functional strength

 • Progress from submaximal isometrics to limited-range to full-range isotonics, resistive exercises below shoulder height is encouraged.

• External rotation strength long-term is usually compromised.

**Month 4 :** Increase Resistive exercises, continue AROM

**PRECAUTIONS**

• Forceful active assistive or stretching exercises in ROM greater than 140º flexion, 45º external rotation, internal rotation behind the frontal plane and horizontal adduction beyond neutral

• Do not stretch mild <20º 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 Elevation by 3 months post-op.

 Over 90 degrees of Active Elevation by 4 months post-op.

 Rehabilitation should be continued for one year.

 Expected pain relief is good.

 Improvements in strength and range of motion are variable.

**Physician’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Taylor R. Dunphy, MD, Orthopaedic Surgeon, Newport Orthopedic Institute**