

# PHYSICAL THERAPY PRESCRIPTION

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PATIENT STICKER

**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 90° elevation, 0° external rotation, 45° 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

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## 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 isotonic, 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 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 deltoid2
- 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.

## ADDITIONAL INFORMATION / INSTRUCTIONS:

Treatment: \_\_\_\_\_ times per week    Duration: \_\_\_\_\_ weeks

Physician's Signature: \_\_\_\_\_  
Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC