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Physical Therapy Prescription – Anatomic Total Shoulder Replacement

Name: _____ Date: _____

Diagnosis: R / L Total Shoulder Replacement Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks, beginning 2 weeks after surgery

THERAPY Phase I - Weeks 2 – 6 after surgery:

- **Sling with abduction pillow:** Continue for a total of 6 weeks
- **Range of Motion:** PROM > AAROM > AROM as tolerated (except IR, backward extension – Chair lift off)
- Weeks 2-3 goals
 - FF to 90° and ER to 20° with arm at side, ABD max of 75° without rotation
- Weeks 3-4 goals
 - FF to 120° and ER to 40° with arm at side, ABD max of 75° without rotation
 - **NO IR/backward extension ROM until 6 weeks postop to protect subscapularis repair**
- **Exercises:** Pendulums, grip strengthening, **NO IR/backward extension**
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase II - Weeks 6 – 12 after surgery:

- **Sling:** Discontinue (unless in crowd or in slippery environment)
- **Range of Motion:** increase as tolerated; begin ROM for IR and backward extension as tolerated
- **Exercises:** begin light resisted ER, FF, ABD isometrics and bands (concentric motions only)
- **NO IR/backward extension exercises until 3 months postop**
 - **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

THERAPY Phase III - Weeks 12 – 24 after surgery:

- **Range of Motion:** increase as tolerated with passive stretching at end ranges
- **Exercises:** continue Phase II and advance as tolerated for cuff, deltoid, and scapular stabilizers
- Emphasize *low-weight, high rep* exercises
- Begin resisted IR / backward extension with isometrics ☺ light bands ☺ weights
- Begin eccentric motions, plyometrics, and closed chain exercises
- **Modalities:** Per therapist, including electrical stimulation, ultrasound, heat (before), ice (after)

Signature _____ Date _____