

PHYSICAL THERAPY PRESCRIPTION



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PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) TOTAL SHOULDER REPLACEMENT OR HEMIARTHROPLASTY

DATE OF SURGERY _____

SHOULDER SURGERY PHYSICAL THERAPY PRESCRIPTION

STAGE I : PASSIVE AND ASSISTED RANGE OF MOTION

- Week 1 : Passive supine Forward Flexion
 Assisted supine Forward Flexion
 Assisted ER to neutral. NOT past neutral
 Assisted Extension
- Week 2 : All Week 1 exercises plus:
 Assisted horizontal ER (supine). NOT past neutral.
 Assisted horizontal ADD, ABD
 Passive IR
 Isometrics – ER, posterior and middle Deltoid

STAGE II : ACTIVE RANGE OF MOTION AND MUSCLE

- Week 3 : All Week 1-2 exercises plus:
 Active supine Forward Flexion with Elbow flexed
 Active Forward Flexion raising arm from table top
 Gradual increase of activities from supine to vertical position
 Progress to Active Flexion, Extension, ABD and ER.
 No passive or active ER past neutral.
- Week 4 : All exercises above plus:
 Begin Active IR
 Gradual increase of Active ROM exercises
 Theraband exercises for Flexion, Extension, ER
 Light Resistive exercises

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Week 6-8: Allow passive and active ER past neutral position

STAGE III : FINAL STRENGTHENING

Month 3 : Increase Resistive exercises, continue gentle PROM and AROM unlimited.

Month 4 : Begin Resistance exercises using weights

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: _____

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