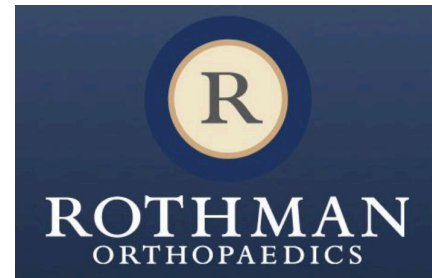


Brandon J. Erickson, MD
Montanna Casey, ATC
Mackenzie Lindeman, ATC
Terry Lin, PA-C
645 Madison Ave New York, NY
200 White Plains Rd 4th Floor Tarrytown, NY
450 Mamaroneck Ave Suite 200 Harrison, NY
Phone: 914-580-9624
Montanna.Casey@rothmanortho.com
Mackenzie.Lindeman@rothmanortho.com
Terry.Lin@rothmanortho.com
www.brandonericksonmd.com



Total Shoulder and Hemiarthroplasty Physical Therapy Protocol/Prescription

Name _____

Diagnosis s/p RIGHT/LEFT Total Shoulder Arthroplasty Hemiarthroplasty

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

Week 0-1: Patient to do Home Exercises give post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

_____ Weeks 1-6:

Sling for 6 weeks

PROM AAROM AROM as tolerated, except . . .

No active IR/backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and then repaired afterwards. It takes about 4-6 weeks for it to grown back into the humerus and regenerate a blood and nerve supply.

ROM goals: Week 1: 90° FF/20° ER at side; ABD max 75° without rotation

ROM goals: Week 2: 120° FF/40° ER at side; ABD max 75° without rotation

No resisted internal rotation/backward extension until 12 weeks post-op

Grip strengthening OK Canes/pulleys OK if advancing from PROM

_____ Weeks 6-12:

Begin AAROM AROM for internal rotation and backwards extension as tolerated, if not already begun.

Goals: Increase ROM as tolerated with gentle passive stretching at end ranges

Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only

No resisted internal rotation/backwards extension until 12 weeks post-op

No scapular retractions with bands yet

_____ Months 3-12:

Begin resisted IR/BE (isometrics/bands): isometrics light bands weights

Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid, and scapular stabilizers

Increase ROM to full with passive stretching at end ranges

Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning X Teach HEP

X Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS X

Heat before X Ice after _____ Trigger points massage X Therapist's discretion

Signature _____ Date _____