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**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_____