

Patient: _____ Date of Surgery: _____

Procedure: Right/Left Anatomic / Reverse Total Shoulder

~12 visits in first 3 months, additional after based on patient needs but typically not required in formal therapy.

****AVOID ANY RESISTED IR/BACKWARDS EXTENSION until 3 months post-op to protect subscapularis repair.**

****Progress patient in scapular plane from PROM to AAROM to AROM ensuring proper kinematics throughout care to avoid over stress to Deltoid / Deltoid Attachments**

Prehab visit – Before surgery, if possible, recommend visit to learn techniques to improve self-guided exercises after surgery.

Week 1: Sling always except for hygiene. Home exercises of elbow and wrist ROM, grip strengthening as instructed by PT during first visit prior to MD post op.

Phase I (1-4 wks): *Begin formal PT (Recommend 1-2 TOTAL visits)*

Weight bearing: <1 lb. Ok to use for ADL's like eating and typing.

Brace: Sling must always be used when asleep and ambulating. If sitting ok to remove sling and use arm at side for eating and typing. No shoulder use allowed, only utilize wrist and elbow for ADL's. If patient unable to perform this safely may just stay in sling full time except hygiene. Pillow for sling is optional from day one.

Ice: Not directly on skin, recommend as much as possible. 5x/day, 20 min/session for first 2 weeks. Then after activity at minimum.

ROM: PROM → AAROM as tolerated EXCEPT for **IR/Backwards Extension** to protect subscapularis repair.

Weeks 1-3 Flexion / Scaption to 90° ER to 15°, (ER performed at 0-30° Abduction).

Ok for gentle ER <30° after 3 weeks (ER performed at 0-30° Abduction).

*Chose PROM/AAROM strategies that least stressful for patient.

Exercises: Grip, isometric below shoulder level.

***Avoid any IR/Backwards extension.**

Phase II (4-6 wks): *Discontinue immobilization / Progress ROM (1-2x/ week)*

Weight bearing: < 5 lbs operative arm

Brace: Discontinue sling after 4 weeks. Ok for use of Shoulder during pain free ADL's. Avoid repetitive use of shoulder.

ROM: **Avoid any IR/Backwards extension.** Light passive stretching at end ranges.

Exercises: Progress PROM/AAROM to flexion / scaption 110-120°. ER 30-45° (ER performed at 0-30° abduction). Initiate Submaximal Deltoid Isometrics: Flex, Abd, ER.

Phase III (6-10 wks): *Initiate AROM / Parascapular strengthening. (1x/ week)*

Weight bearing: <5 lbs operative arm

ROM: Avoid any IR/ Backwards extension. Begin AROM of flex / scaption and ER only in scapular plane progressing from Supine to Inclined as tolerated.

Exercises: Pain free scapular strengthening including: T-band / Prone Rows to neutral, T-band / Prone shoulder extension to neutral, rhythmic stabilization.

Phase IV (10-12 wks): *Standing AROM (1x/ week)*

Weight bearing: <5lbs operative arm

ROM: Progress AAROM/AROM from inclined to standing. Progress to weights 1 - 3 lbs. Scaption only in standing.

Phase V (12 wks-16 wks): *Progress with strength (visits as needed)*

Weight bearing: Advance to tolerance.

ROM: No restriction. Begin light stretching or Extension and Internal Rotation, adjusting progression based on tolerance. Progress end range stretching in all other planes.

Exercises: Progress slowly with strengthening into IR / Ext past neutral. All other motions advance as tolerated with bands and light weights (1-5 lbs) with 8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers. Strengthening to be performed every 2-3 days at home. Never consecutive days. Start light gym weight training activities.

Phase IV (16 wks to 6 mo): *Advanced activities (visits as needed, likely patient directed)*

Weight bearing: Full

Sports: At 5 mo ok to progress to light throwing. Golf progression may begin at 3-4 months.

Work: Overhead heavy lifting can begin to tolerance at ~4 months. Heavy labor may take 4-6 months.

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.

Date: _____

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