

Physical Therapy Prescription – Total Shoulder Replacement

Name: _____

Date: _____

Diagnosis: R / L Total Shoulder Replacement

Date of Surgery: _____

Frequency: 2-3 times per week for _____ weeks

THERAPY Phase I (Weeks 0 – 6 after surgery):

- **Sling with abduction pillow:** Continue for a total of 6 weeks at all times except for hygiene
- **Range of Motion:** PROM → AAROM → AROM as tolerated (except IR, backward extension)
 - 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 scapular retractions with bands
 - **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: _____