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## PHYSICAL THERAPY PRESCRIPTION: TOTAL/REVERSE SHOULDER ARTHROPLASTY

Weeks 1-6: Phase I

Sling Immobilizer: At all times except for showering and exercise

<u>Exercises</u>: Passive ER to 20 and extension to neutral Passive FF in scapular plane to 90 Active wrist/elbow range of motion Submax pain free deltoid isometics in neutral plane Scapular "pinches" Modalities as needed

Advancement Criteria: ok to advance starting at 4 weeks post-op if having Mminimal pain and inflammation

-ER to 30 -FF in scapular plane to 120

## Weeks 6-10: Phase II

Sling Immobilizer: Discontinue sling Exercises: Passive & Active assisted FF in scapular plane – no limits (wand exercises, pulleys) Passive & Active assisted ER – limit 45 deg Active supine FF in scapular plane Manual scapular side-lying stabilization exercises Isometrics: Deltoid in neutral ER (modified neutral) ROM < 30 deg IR (modified neutral) Scapular retraction with elastic bands Humeral head control exercises: ER/IR (supine/scapular plane) Elevation at 100 deg Modalities as needed Advancement Criteria: FF to 150 ER to 45 Good humeral head control Minimal to no pain with ADLs

## Weeks 10-16: Phase III

 Exercises:
 Progress ROM as tolerated

 AAROM for full FF and ER
 AAROM for IR – no limits

 Flexibility exercises: towel stretch, posterior capsule stretch

 IR/ER/FF isotonic strengthening
 Scapular stabilization

 Rhythmic stabilization
 PREs for scapula, elbow (biceps/triceps)

 Forward flexion in scapular plane
 Progressive resistive equipment: row, chest press (light weight)

 Modalities as needed
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Advancement Criteria: Muscle strength 4/5 Passive FF 160, ER >45 Restore normal scapulohumeral rhythm <90 deg elevation Minimal pain and inflammation

## Weeks 16-22: Phase IV

Exercises: Access and address any remaining deficits in ROM, flexibility, strength Active, active-assisted, and passive ROM exercises Flexibility exercises: towel stretch (IR), posterior capsule stretch Progressive resistive strengthening: Dumbbells Progressive resistive equipment Elastic band IR/ER (modified neurtral) Rhythmic stabilization Modalities as needed Individualize program to meet specific needs of patient

Discharge Criteria: Maximize ROM Full independent ADLs Normal scapulohumeral rhythm >100deg elevation Independent HEP

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