

PHYSICAL THERAPY PRESCRIPTION

Tyler Johnston, MD, MS

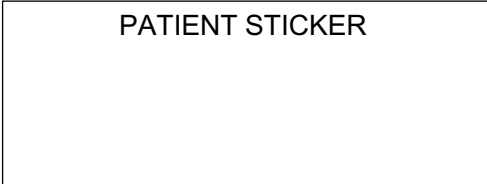
Sports Medicine & Shoulder Surgery

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REVERSE TOTAL SHOULDER ARTHROPLASTY + BICEPS TENODEIS

DIAGNOSIS: _____

DATE OF SURGERY: _____

| | GOALS | PRECAUTIONS | EXERCISES |
|---|---|--|--|
| PHASE I 0-3 weeks | Instruct proper use/fit of sling (neutral rotation) ROM FF elevation to 130, ER to 30 Maintain integrity of joint replacement; protect soft tissue healing Promote distal UE circulation, motion, and muscle activity (elbow, wrist, hand) Control swelling + pain Monitor incision healing for signs/symptoms of infection | Sling 24/7 (remove for grooming + home exercise program 3-5x/day) Avoid combined IR/EXT/ADD (hand behind back) and IR/ADD (reaching across chest) for dislocation precautions Patient should always be able to see elbow Avoid WB- discuss WB needs with MD and PT NO submersion in water before 4 weeks | Pendulums Active elbow, wrist and hand Scapular retraction with arms resting in neutral position FF elevation in scapular plane to 130 max (table slides, step backs, supine well-arm assisted) ER in scapular plane to 30 max (seated or supine) ROM within precautionary limits may be active or passive Ice after HEP as needed Non-impact aerobic activities: walking, stationary bike once incision is healed |
| PHASE II 3-6 weeks | ROM FF elevation to 130, ER to 30 (passive, active assisted or active) Ability to place and hold arm in balanced position (90 elevation supine) Ability to fire all heads of deltoid Low to no pain (<3/10) | May discontinue sling at 3 weeks; after 2 weeks can remove sling at home and use only at night + in community for 3rd week May use arm for basic ADLs (feeding, brushing teeth, dressing) May submerge in water after 4 weeks Avoid combined IR/EXT/ADD (hand behind back) and IR/ADD (reaching across chest) for dislocation precautions Avoid acromial or scapular spine pain as increase deltoid loading- decrease load if this occurs | Continue FF elevation to 130 and ER to 30, both in scapular plane Submaximal isometrics (pain-free effort) for all functional heads of deltoid (anterior, posterior, middle) Active exercise as able: Supine forward punch Place arm in balanced position with circumduction and progressive arcs in sagittal plane Sidelying abduction to 90 Lateral raise with bent elbow Prone extension to hip May discontinue grip and active elbow and wrist exercises since using arm for ADLs and sling removed around home Begin gentle incision massage with lotion (once healed) to reduce scar tissue Ice after HEP as needed |

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PATIENT STICKER

| | GOALS | PRECAUTIONS | EXERCISES |
|---|--|---|--|
| PHASE III 6-12 weeks | Optimize ROM elevation + ER in scapular plane Expected PROM: Elevation 145-160 ER 40-50 Functional IR to L1 Recover AROM to approach PROM Establish dynamic stability of shoulder + good elevation mechanics Minimal pain Progressive active use of arm in ADLs without being restricted to arm by side of body | Avoid forceful end-range motion in any direction No heavy lifting or carrying Avoid acromial or scapular spine pain as increase deltoid loading- decrease load if this occurs Avoid wall, incline or prone press-ups for serratus anterior NO upper body ergometer | FF elevation in scapular plane active progression: supine to incline to vertical; short to long lever arm Lateral raise with bent elbow; sidelying abduction Active ER/IR with arm at side Scapular retraction with light band resistance Serratus anterior punches while supine Initiate functional IR behind the back gently without forceful overpressure (gentle + gradual hand slide up back) Scar massage with lotion |
| PHASE IV 12+ weeks | Optimize functional use of operative arm to patient-specific goals Pain-free AROM for shoulder elevation (expect 135-150) Gradual increase in deltoid, periscapular muscle and rotator cuff strength Tolerate higher demand on shoulder than ADLs Pain-free functional strength for ADLs, work tasks, + approved hobbies Independence with home maintenance program | Limit heavy lifting (25lb above shoulder) Limit heavy pushing activity Avoid wall, incline or prone press-ups for serratus anterior NO upper body ergometer | Light hand weights for deltoid (3lb for anterior and posterior with long arm lift against gravity, elbow bent to 90 for abduction in scapular plane) Theraband progression for extension to hip with scapular depress/retract Theraband progression for serratus anterior punches while supine End-range stretching gently without forceful overpressure in all planes (elevation in scapular plane, ER in scapular plane, functional IR) with stretching done for life as part of daily routine Scapulohumeral rhythm/biomechanics of active movement strategies |

****For any questions or concerns regarding the protocol or rehabilitation process please contact my office****

Frequency & Duration: 1-3 x / week for 12 weeks Home program

Additional precautions: _____

Physician Signature: _____