

PHYSICAL THERAPY PRESCRIPTION

Tyler Johnston, MD, MS

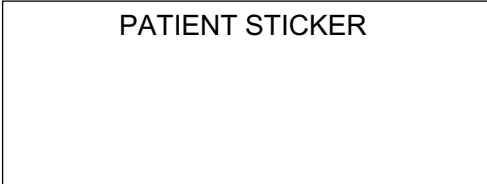
Sports Medicine & Shoulder Surgery

NPI: 1881031177

Tel: (714) 456-7012

Fax: (714) 456-7457

www.tylerjohnstonmd.com



ANATOMIC TOTAL SHOULDER ARTHROPLASTY + BICEPS TENODESIS

DIAGNOSIS: _____

DATE OF SURGERY: _____

	GOALS	PRECAUTIONS	EXERCISES
PHASE I 0-6 weeks	Instruct proper use/fit of sling (neutral rotation) PROM FF elevation to 130, ER to 30 (unless otherwise specified) After week 4: PROM FF elevation to 140, ER to 40 Protect healing subscapularis, joint capsule, and biceps tenodesis 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 X 2 weeks (remove for grooming + home exercise program 3-5x/day) After 2 weeks may remove sling at home—wear for sleep and in community; may remove ABD pillow Avoid combined IR/EXT/ADD (hand behind back) Avoid external rotation at 90 ABD Avoid ER >30 with arm at side NO shoulder active elevation Avoid WB NO submersion in water before 4 weeks	Pendulums Active elbow, wrist, and hand Scapular retraction with arms resting in neutral position Passive FF elevation in scapular plane to 130 (rope and pulley, table slides, supine well-arm assisted) ER in scapular plane to 30 max (well-arm or dowel assisted, or table supported and rotate away)- can progress to active as tolerated ROM for elevation (passive only) + ER (passive and active) Non-impact aerobic activities: walking, stationary bike once incision is healed Ice after HEP as needed Begin gentle incision massage with lotion (once healed)
PHASE II 6-12 weeks	Weaned from sling at 6 weeks Optimize PROM Develop AROM to equal PROM against gravity Establish dynamic stability of shoulder with deltoid, rotator cuff, peri-scapular strengthening through AROM against gravity Ability to place and hold arm in balanced position Advance arm use in ADLs gradually Low to no pain (<3/10)	Discontinue sling at all times-wean as tolerated Motion recovery without excessive force May begin ER at 90 ABD in scapular plane to 60 ER max May begin functional IR with hand behind back gently—avoid forceful overpressure Weight bearing on UE for use of assistive device allowed NO closed chain exercises	Stretching gently beyond Phase 1 limits for elevation and ER Begin ER with shoulder at 90 ABD to 60 ER max in scapular plane Active forward elevation progression when passive motion restored to expected level: supine, gradual incline to vertical, short to long lever arm (bent or straight elbow) Active ER/IR with arm at side: sitting to side-lying Scapular AROM against gravity (prone extension to hip with scapular retraction/ depression; prone horizontal abduction to neutral) IR behind back without overpressure Aerobic activities: walking, elliptical without UE resistance, stationary bike

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PATIENT STICKER

	GOALS	PRECAUTIONS	EXERCISES
PHASE III 3-5 months	Maintain functional mobility of shoulder Pain-free use of shoulder in ADLs and leisure activities Gradual increase in deltoid and periscapular muscle strength Achieve functional demands for patient-specific work + sports	May begin to add resistance to shoulder—low loading with more repetition advised Keep weight training below shoulder level and anterior to frontal plane Avoid impact loading such as sledgehammer, wood chopping, bench pressing, push-ups	Gentle end-range stretching especially in forward elevation, as part of a daily lifelong routine Deltoid, rotator cuff, scapular muscle and other upper body strengthening with light resistance (free weights, elastic bands, gym machines) Biceps strengthening with weighted elbow flexion Functional sports-specific training considering total body (core, endurance, trunk, hip rotation for golf) Scapulohumeral rhythm/biomechanics of active movement strategies Aerobic activities: walking, stationary bike, elliptical, jogging, swimming, when strength is normalized in rotator cuff and scapular stabilizers
PHASE IV 5+ months	Maintain functional mobility of shoulder Pain-free use of shoulder in activities + sports such as golf, yoga, swimming	Advanced exercise such as flow yoga allowed Initiate sports progression: golf, tennis—full return after 6 months	Daily stretching (lifelong routine) Sport-specific motion analysis + functional programs Maintenance of rotator cuff, scapular, core and sport-specific exercises

****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: _____