

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Rotator Cuff Tear Arthropathy Code: M75.120

Procedure: Reverse Total Shoulder Arthroplasty Surgery Date: _____

Instructions

Range of motion:

- Sling as needed.
- Start therapy at two weeks post-operatively.
 - o Begin with passive range of motion before progressing to active assisted and then active range of motion, with a goal of 120° of active forward elevation and 30° of active external rotation by six weeks post-operatively.
 - o Please incorporate a home exercise program, starting with pendulums, progressing to pulleys, then supine active flexion, and finally wall climbs and upright active elevation.
 - o No internal rotation for the first six weeks post-operatively, otherwise no restrictions.

Strengthening:

- Ok to begin grip strengthening immediately.
- No shoulder strengthening until six weeks post-operatively.
- Limit weight bearing to 5 pounds from 2-6 weeks post-operatively.
- At six weeks post-operatively, begin
 - o closed-chain concentric anterior deltoid,
 - o open chain eccentric external rotator, and
 - o scapular stabilizer exercises.
- No bands/weights until three months post-operatively.
- Ok to add resisted internal rotation exercises at three months.
- Cleared for light athletic activities (swimming, water aerobics, tennis, jogging) at three months post-operatively and higher level activities (golf, weight training) at four months post-operatively.

Please provide a home exercise program.

Modalities

Heat before therapy, ice after.

Frequency: 2 times/week Duration: 6 weeks

Signature: _____ Date: _____