



**Travis G. Maak, M.D.**  
 590 Wakara Way  
 Salt Lake City, UT 84108  
 Tel: (801) 587-7109  
 Fax: (801)587-7112  
 Lic. # 8234797-1205

## Physical Therapy Prescription Total Shoulder Arthroplasty

**Patient Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_ **Surgery Date:** \_\_\_\_\_

**Dx: s/p ( LEFT / RIGHT ) TOTAL SHOULDER / HEMIARTHOPLASTY**

**STAGE I : PASSIVE AND ASSISTED RANGE OF MOTION**

Week 1: Pendulum exercises  
 Passive supine Forward Flexion  
 Active Assisted supine Forward Flexion  
 Assisted ER to neutral  
 Assisted Extension

Week 2: All Week 1 exercises plus:  
 Active Assisted horizontal ADD, ABD  
 Cross Arm Adduction, Passive IR  
 Active Assisted ER to 30  
 Isometrics - posterior and middle Deltoid

**STAGE II : ACTIVE RANGE OF MOTION AND MUSCLE**

Week 3: All Week 1-2 exercises plus:  
 Active supine Forward Flexion with Elbow flexed  
 Active Forward Flexion raising arm from table top  
 Gradual increase of activities from supine to vertical position  
 Progress to Active Flexion, Extension, ABD and ER

Week 4: All exercises above plus:  
 Begin Active IR  
 Gradual increase of Active ROM exercises  
 Theraband exercises for Flexion, Extension, ER  
 Light Resistive exercises

**STAGE III : FINAL STRENGTHENING**

Month 3: Increase Resistive exercises  
 Month 4: Begin Resistance exercises using weights

**GOALS:** 90 degrees of Active Elevation by 4 months post-op.  
 Over 90 degrees of Active Elevation by 6 months post-op.  
 Rehabilitation should be continued for one year.  
 Expected pain relief is good.  
 Improvements in strength and range of motion are variable.

**ADDITIONAL INFORMATION / INSTRUCTIONS :**

**Frequency & Duration:** (circle one) 1-2 2-3 x/week for \_\_\_\_\_ weeks Home Program

\*\*Please send progress notes.

**Physician's Signature:** \_\_\_\_\_ **M.D.**