



PHYSICAL THERAPY PRESCRIPTION

SETH C. GAMRADT, MD

ORTHOPAEDIC SURGERY AND SPORTS MEDICINE

Keck School of Medicine of USC

1520 San Pablo Street, Suite 2000

Los Angeles, CA 90033

Phone: 323.442.5860

Fax: 323.442.6952

www.gamradtortho.com

Keck School of
Medicine of USC

PATIENT STICKER

DIAGNOSIS (LEFT / RIGHT) TOTAL SHOULDER REPLACEMENT OR HEMIARTHROPLASTY

DATE OF SURGERY _____

SHOULDER SURGERY PHYSICAL THERAPY

PRESCRIPTION STAGE I : PASSIVE AND ASSISTED RANGE OF MOTION

- Week 1 : Passive supine Forward Flexion
 Assisted supine Forward Flexion
 Assisted ER to neutral
 Assisted Extension
- Week 2 : All Week 1 exercises plus:
 Assisted horizontal ER (supine)
 Assisted horizontal ADD, ABD
 Passive IR
 Isometrics – ER, 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

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STAGE III : FINAL STRENGTHENING

Month 3 : Increase Resistive exercises, continue gentle PROM and AROM unlimited.

Month 4 : Begin Resistance exercises using weights

GOALS : 90 degrees of Active Elevation by 3 months post---op.
Over 90 degrees of Active Elevation by 4 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:

Treatment: _____ times per week Duration: _____ weeks

Physician's Signature: _____
Seth C. Gamradt, MD, Attending Orthopaedic Surgeon, USC