

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Glenohumeral Osteoarthritis Code: M19.019

Procedure: Total Shoulder Arthroplasty, Subscapularis Sparing Surgery Date: _____

Instructions:

Range of motion:

- Ok to discontinue sling use immediately.
- Progress range of motion as tolerated without restriction with a focus on:
 - o regaining active forward elevation (pulleys, wall climbs, table slides, etc.)
 - o regaining active external rotation using active external rotation exercises.
- Please incorporate a home exercise program to be performed 3-4 times per day.

Range of motion goals:

- 2 weeks: 120° forward elevation, 20° external rotation
- 6 weeks: 150° forward elevation, 45° external rotation

Strengthening:

- Ok to incorporate strengthening once painless range of motion is recovered.
- No specific weight restrictions, progress as tolerated.
- Start with isometrics and progressing to bands and then weights, with a focus on the scapular stabilizers, rotator cuff, and deltoid.

Limitations:

- None.

Ok to return to athletic activities once full range of motion and strength have been recovered.

Modalities

Heat before and ice after therapy.

Frequency: 2-3 times/week Duration: 6 weeks

Signature: _____ Date: _____