Dr. Hafiz F. Kassam Orthopedics

Advanced Shoulder and Elbow Reconstruction, Sports Medicine and Trauma Surgery

HEMI-ARTHROPLASTY SHOULDER REPLACEMENT PHYSICAL THERAPY REFERRAL

Patient Name: _____ Date: _____

		PT /OT 2-3 visits per week for 10-12 weeks	
Imme	ediate Post-oper	ative Period	
•	Wear sling in PROM	public and to sleep	
	Weeks 1-4	<u>Weeks 4-6</u>	
FE:	0-75	0-120	
ER:	0	0-15	
•	NO extension x 6 weeks AAROM (wand, self-stretch) Ice 3-4x daily		
7 Day	vs-2 Weeks (Go	al: <u>Protect subscapularis</u> healing and tuberosity healing)	
•	Wear sling in public x 4 weeks NO UBE Isometrics for all shoulder motions within pain-free ROM – NO		
•		all shoulder motions within pain-free ROM – NO ernal Rotation	
•	Ice following	·	
3 – 6	Weeks (Goal: fo	all PROM (except ER) at end of 6 th week, allow fractured tuberosities to heal)	
•	No resistive e	kercises	
•	No weights		
•	Active range	of motion – supine (no weights)	
6-12 \	Weeks (Goal: in	crease function and strength, increase ER ROM)	
•	Resistive exercises Therabands – home strengthening		
>12W	ks : Weights – 5	-10 lbs	
Signature		Date	
Renew Therapy		Date	
Call: 5	30-749-3463	www.KassamOrthopedics.com 470 Plumas Blvd. Yuba City, California	95: