



PHYSICAL THERAPY REFERRAL

Patient Name: _____ DOB: _____

Shoulder and Elbow Service

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Shoulder Replacement Arthroplasty Hemi () Total () Cap () Reverse ()

- *NO UBE, No behind the back activities
- *Take pillow off sling 1 wk post - op

Immediate Postoperative Period

- Wear sling in public and to sleep
- PROM
 - Weeks 1-4 Weeks 4-6
 - FE:
 - ER:
- NO external rotation x 6 weeks
- AAROM (wand, self-stretch)
- Ice 3-4x daily

7-14 Days (Goal: Protect subscapularis healing)

- **Wear sling in public x 4 weeks**
- Isometrics for all shoulder motions within pain-free ROM
- ***NO ACTIVE Internal rotation**
- Isometrics for all shoulder motions within pain-free ROM
- Ice following exercises

3 – 6 Weeks (Goal: full PROM at end of 6th week)

- No resistive exercises
- No weights
- Active range of motion- supine (no weights)

6 -12 Weeks (Goal: increase function and strength)

- Resistive exercises
- Therabands – home strengthening
- Weights – less than 5 lbs

MD/PA Signature _____ Date _____

Renew _____ No Change _____ Changes as noted _____

_____ Times a Week for _____ Weeks