

## SHOULDER PHYSIOTHERAPY REFERRAL

### Total Shoulder Replacement

Dear Physiotherapist,  
Thank you for seeing:

**Surgery Date:**

**Preoperative Diagnosis:** Left / Right Shoulder arthritis

**Surgical Procedure:** Reverse / Anatomic Total Shoulder Replacement

**Treatment Required:** Could you please commence the following: **Wean sling from 6 weeks**

<b><u>SHOULDER</u></b>		<b>Days</b>	<b>Week</b>
<b>ROM</b>	Passive closed chain passive desk slide exercises		6
	Forward elevation - Passive supine		6
	- Active assisted erect		6
	- Active supine		12
	- Active erect		12
	External rotation - Active assisted		6
	- Active		6
	IR / Posterior capsular stretch		12
<b>Strength</b>	Light ER in adduction therapy (<40% max)		12
	Non weight-bearing scapular stabilisation		6
	Lifting limit of 500gm until:		6
<b><u>ELBOW</u></b>			
<b>ROM</b>	Passive	1	
	Active		2

Please notify me by phone, fax or email if you have concerns re:

- Excessive pain
- Excessive stiffness
- Concerns about compliance.

With thanks

Dr Alan Dao                      Date: \_\_\_\_\_