450 Broadway St. MC 6120 Redwood City, CA 94063 Ph: 650-723-5643 Fax: 650-723-3429 3801 Miranda Ave. MC Ortho 112 Palo Alto, CA 94304 Ph: 650-493-5000 x66101 Fax: 650-849-1265

SHOULDER HEMIARTHROPLASTY FOR FRACTURE

Name:	
Diagnosis:	
Date of Surgery:	
Frequency: 1 2 3 4 times/week Duration: 1 2 3 4 5 6 W	Veeks
Weeks 0-6:	
 Sling for 6 weeks, except for therapy and bathing Non weight bearing Passive ROM only → Max 90° FF / 0° ER at side; Abd max 60° without rotation No active shoulder motion for 6 weeks Focus on normal scapulohumeral kinematics Immediate pendulum exercises 3x per day Neck, elbow, wrist, hand ROM exercises as tolerated 5x/day Grip strengthening OK Heat before PT, ice after PT Advise patient on home exercise program 	on
Weeks 6-12:	
 Continue all activities from week 0-6 Begin AAROM → AROM Can progress to AROM when PROM and AAROM is full Goals: Increase ROM as tolerated with gentle passive stretching at end range Begin light resisted ER/IR/FF/ABD: isometrics and bands, concentric motion 	
Months 3-12:	
 Continue all exercises above Isometrics → light bands → weights Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator scapular stabilizers. 	cuff, deltoid, and

• Continue focus on periscapular strengthening exercises

• Increase ROM to full with passive stretching at end ranges

Signature_____ Date: _____

• Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

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Modalities/Other:

Signature	Date: