



Name: Finzi, Kenneth

Date: 11/25/2024

Diagnosis/Operative Procedure: Left Reverse Total Shoulder Arthroplasty 11/6/2024

UPPER EXTREMITY PROGRAM

NON-OP PROGRAM	POST-OP PROGRAM
<input type="checkbox"/> Instability (Anterior)	<input type="checkbox"/> Shoulder (massive/large cuff repair)
<input type="checkbox"/> Instability (Posterior)	<input type="checkbox"/> Shoulder (Small/Medium cuff repair)
<input type="checkbox"/> General Shoulder Conditioning	<input type="checkbox"/> Slap/Bankart repair
<input type="checkbox"/> MDI	<input type="checkbox"/> SAD
<input type="checkbox"/> Impingement	<input type="checkbox"/> Bicep tenodesis
<input type="checkbox"/> DJD/RA	<input type="checkbox"/> Distal Biceps Repair
<input type="checkbox"/> Adhesive Capsulitis	<input type="checkbox"/> Humerus ORIF/IM Rod
<input type="checkbox"/> Rotator Cuff Tear	<input type="checkbox"/> Total Shoulder Arthroplasty
<input type="checkbox"/> Biceps Tenosynovitis	<input checked="" type="checkbox"/> Reverse Shoulder Arthroplasty
<input type="checkbox"/> Proximal Humerus Fx	<input checked="" type="checkbox"/> Home Exercise Program
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

PRECAUTIONS/NOTES	
<input checked="" type="checkbox"/> Phase I (Passive)	Notes: Soft tissue release and manual therapy
<input checked="" type="checkbox"/> Phase II (Active)	Supine AAROM FF, ER, IR to full as tolerated
<input type="checkbox"/> Phase III (Cord Resisted)	Pulleys, pendulums, shrugs
<input type="checkbox"/> Weight Training	Heat / Ice PRN

LOWER EXTREMITY PROGRAM

NON-OP/PRE-OP PROGRAM	POST-OP PROGRAM
<input type="checkbox"/> ACL Deficiency	<input type="checkbox"/> Plica
<input type="checkbox"/> PCL Deficiency	<input type="checkbox"/> Joint debridement
<input type="checkbox"/> MCL Tear	<input type="checkbox"/> Meniscectomy
<input type="checkbox"/> Plica Syndrome	<input type="checkbox"/> Meniscus Repair
<input type="checkbox"/> Patellofemoral Syndrome	<input type="checkbox"/> Chondral Microfracture
<input type="checkbox"/> Knee DJD/ RA	<input type="checkbox"/> Trochlear Microfracture
<input type="checkbox"/> Jumper's Knee/Chondromalacia	<input type="checkbox"/> ACL Reconstruction: <input type="checkbox"/> Autograft <input type="checkbox"/> Allograft
<input type="checkbox"/> Ankle Sprain	<input type="checkbox"/> OATS Knee
	<input type="checkbox"/> Patella/Quad Tendon Repair
	<input type="checkbox"/> Lysis of Adhesions/Anterior Interval Release

POST-OP PROGRAM
<input type="checkbox"/> Gait Training
<input type="checkbox"/> Range of Motion
<input type="checkbox"/> Pool Therapy
<input type="checkbox"/> Strengthening
<input type="checkbox"/> Functional Testing
<input type="checkbox"/> Home Exercise Program
<input type="checkbox"/> Other:

Frequency: 3 per week Duration: 6 weeks

Jeffrey Abrams, MD

Date: 11/11/2024