

# Total Shoulder Arthroplasty, Hemiarthroplasty & Resurfacing Protocol

Name	Date														
Procedure _															
Procedure I	Date	e													
Frequency	1	2	3	4	5	times/week	Duration	1	2	3	4	5	6	weeks	

Dressing should be changed at first post op visit using <u>sterile</u> technique. Total joint surgical incisions are typically closed with skin staples. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Patients are sent home from surgery with an extra dressing for the therapist to use for first dressing change. When staples are removed, they should be removed with a sterile staple remover.

#### Week 0-1:

• Patient to do Home Exercises give post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

# Weeks 1-6:

- Sling for 6 weeks
- PROM  $\rightarrow$  AAROM  $\rightarrow$  AROM as tolerated, except . . .
  - No active IR/backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and repaired afterwards
  - ➢ No resisted internal rotation/backward extension until 12 weeks post-op
- ROM goals: Week 1: 90° FF/20° ER at side; ABD max 75° without rotation
- ROM goals: Week 2: 120° FF/30° ER at side; ABD max 75° without rotation
- NO ER greater than 30 degrees for 6 weeks
- Grip strengthening OK
- Canes/pulleys OK if advancing from PROM
- Heat before PT, ice after PT
- DC sling at 6 weeks

# Weeks 6-12:

• Progress AAROM → AROM for internal rotation and backwards extension as tolerated, if not already begun.

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- Goals: Increase ROM as tolerated with gentle passive stretching at end ranges
- Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only
  - > No resisted internal rotation/backwards extension until 12 weeks post-op
  - ➢ No scapular retractions with bands yet

### **Months 3-12:**

- Begin resisted IR/BE (isometrics/bands): isometrics  $\rightarrow$  light bands  $\rightarrow$  weights
- Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid, and scapular stabilizers.
- Increase ROM to full with passive stretching at end ranges
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

#### **Comments:**

Teach HEP

## **Modalities PRN**

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature\_\_\_\_\_ Date\_\_\_\_\_

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