

Total Shoulder Arthroplasty Hemiarthroplasty & Resurfacing Protocol

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

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 → AAROM → 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.
- 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 → light bands → 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** _____