

Total Shoulder Arthroplasty or Resurfacing Hemiarthroplasty
Outpatient Therapy Protocol
Dr. Michael Thomas Edgerton

Precautions:

- No external rotation > 30 degrees for 8 weeks
- No active internal rotation for 8 weeks
- No crossbody adduction for 6 weeks
- No lifting/pushing/pulling > 5pounds for 8 weeks
- Long Term: no forceful jerking movements (starting outboard motor, push mower, or chain saw) or repetitive impact loading

Inpatient – first follow up with surgeon

ROM:

- Instruct in home program and provide a written copy of exercises to be done 3x/day
- Codman's exercises
- Cervical, elbow, and wrist AROM and grip strengthening

Other:

- Instruct to don and doff sling or shoulder immobilizer
- Instruct on proper use of ice or cryo-cuff
 - 20-30 minutes at a time, several times per day
 - should be done especially after exercise

Wound Instructions:

- Dressing is waterproof
- Ok to shower around dressing starting post-op day 3. If dressing becomes saturated, remove to dry then replace with dry dressing.
- Anti-inflammatory medications are ok unless on ASA or other blood thinners.

Outpatient Phase I (first follow up – 4 weeks)

ROM:

- Start self-assisted forward elevation to 90 degrees and external rotation to 20 degrees.
- IR in scapular plane as tolerated; no IR behind back
- No IR in abduction, extension, or cross body adduction
- Continue cervical, elbow, and wrist ROM and grip strengthening
- Postural control exercises

Strength:

- Isometric external rotation, abduction, and forward elevation
*No isometric adduction, IR, or extension
- Scapular retraction and depression
- Aerobic conditioning (walking or stationary bike)

Sling:

- Continue sling except for exercise or bathing

Other:

- Scar mobilization once healed
- Cryotherapy for pain, inflammation, and edema control

Outpatient Phase II – Weeks 5-8

ROM:

- No ER beyond 30 degrees until 8 weeks, then progressive return to full in 10-15 degree increments per week.
- At week 7, AROM may begin for forward elevation and external rotation without resistance
- Pulleys for forward elevation and abduction to 90. May progress > 90 at week 7.

Strength:

- At week 7, begin progressive supine two-hand press
- At week 7, may begin bicep/tricep strengthening with elbow supported

Sling:

- Discontinue sling

Outpatient Phase III – Weeks 9-12

ROM:

- ER stretch in progressive degrees of abduction
- IR stretch in abduction
- Cross body adduction stretching for posterior capsule
- Anterior chest wall stretching

Strength:

- Begin isotonic rotator cuff and deltoid strengthening with light resistance. Start in non-impingement position and progress through increasing degrees of abduction as tolerated.
- Periscapular strengthening of posterior shoulder girdle (trapezius, rhomboids, latissimus dorsi, serratus anterior)
- Closed chain scapular clocks, table top ball rolls, wall washes, scapular punches and dumps
- UBE with light resistance especially in reverse direction to promote scapular strengthening
- Low weight high repetition exercises to build endurance and encourage muscle hypertrophy and cuff remodeling

*Notes: Hydrotherapy is ok in phase 1 and 2 provided the limits of no active internal rotation and external rotation to 30 degrees are kept. No hydrotherapy prior to week 3 until wound is fully healed.

- Hydrotherapy should include core body strengthening and aerobic conditioning.

Phase IV – Weeks 13-16

ROM:

- Continue maintenance flexibility program until full ROM and emphasize posterior capsular stretching with side-lying IR stretch and cross body adduction stretch

Strength:

- Progressive cuff, deltoid and periscapular strengthening emphasizing strengthening force couples.
- Add proprioceptive exercises to improved joint position in space
- Progressive resistance with UBE
- Functional progression exercises based on patient's desired activities

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Date