

**TOTAL SHOULDER ARTHROPLASTY or RESURFACING HEMIARTHROPLASTY**  
**Outpatient Therapy Protocol**  
**Joseph Misson, MD**

**Precautions:**

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

**Inpatient: (0-4 days)**

**•ROM**

- Instruct in home program and provide a written copy of exercise 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 cryocuff
  - 20-30 minutes at a time, several times per day
  - Should be done especially after exercise

**•Wound Instructions**

- Dry gauze to wound every day until dressing is totally dry, then cover prn
- May shower at 7 days but no bath or hot tub for 3 weeks
- No anti-inflammatory medications x 6 weeks unless on ASA for other reasons

**Outpatient Phase 1 (Hospital Discharge to week 4)**

**•ROM**

- Start self-assisted forward elevation to 140 degrees and external rotation to 25 degrees
  - IR in scapular plan as tolerated; no IR behind back
  - No IR in abduction, extension or cross body adduction
- Continue cervical, elbow and wrist ROM and grip strength
- 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 2: (Weeks 5 – 8)**

- ROM**

- No ER beyond 40 degrees until week 7 and then progressive return to full in 10- 15 degree increments per week
- At week 7 may begin AROM in forward elevation and external rotation without resistance
- Pulley for forward elevation and abduction

- Strength**

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

- Sling**

- Discontinue sling during daytime but continue to wear at night through week 6

### **Outpatient Phase 3: (Weeks 9-12)**

- ROM**

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

- Strength**

- Begin isotonic rotator cuff and deltoid strengthening starting with light resistance
  - Start in non-impingment 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 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 40 degrees are kept. Should not begin prior to week 3 so wound is fully healed.

- Hydrotherapy should include core body strengthening and aerobic conditioning

#### **Outpatient Phase 4: (Weeks 12-16)**

##### **•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
  - Emphasize strengthening force couples
- Add proprioceptive exercises to improve joint position in space
- Progressive resistance with UBE
- Functional progression exercises depending on activities

Physician Signature: \_\_\_\_\_