

# Total Shoulder Arthroplasty/Hemiarthroplasty Protocol Andrea Saterbak, MD

# Phase I (post-op: instructions in the hospital):

- Patient should be instructed in the following exercises to be done post-op: TID until their first pre-op visit
  - Supine cane PROM flexion
  - Sitting or standing PROM can ER to neutral
  - Elbow and wrist AROM
  - Grip strength: squeezing a tennis ball or putty

### Phase II: 0-4 weeks

- Cautions:
  - Avoid excessive shoulder extension 4-6 weeks
  - ER progress 0-45<sup>0</sup> in first 4 weeks
- Exercises:
  - Ensure independence with HEP
  - Pendulums 3-4x/day
  - Therapeutic exercises: PREs: biceps, triceps, all wrist and forearm movements with weight as tolerated
  - PROM: forward flexion as tolerated, abduction to 90°, ER to 45° by week 4
  - o Active forward flexion without weights to patient's tolerance
  - Isometric flexion, abd, ext and ER. NO Internal Rotation due to subscap protection
  - UBE with high seat to patient's tolerance
  - Weight shifting on UEs on table, all directions
  - Table wash, ball rolling
  - o Wall push ups

# Phase III: 4-6 weeks

- Cautions:
  - Continue to restrict active IR until 6 week post-op unless otherwise instructed by MD

- Shoulder flexion should be  $120^{\circ}$  by 4 weeks
- $\circ$  ER should be 45<sup>0</sup> by 4 weeks
- Exercises:
  - PREs progress as tolerated: biceps, triceps, UBE, forearm, wrist and hand
  - AROM: forward flex and abd
  - Thera-band exercises IR
  - Manual therapy: supine manual resistance
  - o Multi-directional isometric rhythmic stabilization
  - PROM: continue shoulder flex, abd, IR, ER as previous
  - Begin gentle ext stretch
  - Continue with WB exercises
  - Weight shifting in 4pt. and 3pt.
  - Wall push-ups with +
  - Rocker board
  - o UE
  - o Step ups

#### Phase IV: 6+ weeks

- Cautions:
  - ROM ER should be 45<sup>o</sup>
  - Flexion 120<sup>o</sup> or more
  - Abduction 90-100<sup>0</sup>
  - Begin to address subscapularis strength
- Exercises:
  - All previous exercises, advance patient as tolerated with weights and functional stabilization exercises
  - Begin subscapularis strengthening
  - o Yellow thera-band, manual resistance to tolerance
  - Stretching all directions as needed
  - ER increase to full ER ROM per patient's tolerance
  - Extension should be approaching normal ROM
  - Continue to progress closed chain, rhythmic stabilization exercises and address return to function