

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 0-45⁰ 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° by 4 weeks
- \circ ER should be 45⁰ 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^o
 - Flexion 120^o or more
 - Abduction 90-100⁰
 - 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