

Gregory N. Lervick, MD Andrew Anderson, PA-C 952-456-7111

POST-SURGICAL TOTAL SHOULDER ARTHROPLASTY REHABILITATION PROTOCOL

□ Total Shoulder Arthroplasty□ With Rotator Cuff Repair	
Phase 1: Week 0-3	
	Sling at rest
	Cryocuff prn, may wean as tolerated
	Pendulums (Codman's)
	Pulleys: Flexion with neutral rotation (palm down)
	Easy isometric exercises: abduction, ER, extension, flexion
	No isometrics if combined with rotator cuff repair
	PROM as per MD (performed supine position to enhance relaxation, 130° forward elevation, 30° external rotation with arm at side, and 60°
	abduction in scapular plane unless instructed otherwise)
	Subscapularis precautions: No active internal rotation at any position
	Avoid position of arm extension Elbow, wrist, hand exercises
	Edema control prn
	Eating, writing, limited computer use when tolerated, unless instructed
	otherwise
	Scapular stabilization exercises
	eep tissue massage *
Phase 2: Week 4-6	
	Sling at rest
	Continue above
	Progress to external rotation isometrics
	Progress to active assisted ROM in the supine position, with exception of
	internal rotation
	No active ROM if combined with rotator cuff repair
	Supine PROM only if combined with rotator cuff repair
	Gradual progress of exercises in supine to vertical position
	Gradual progression of forward elevation to full passively within pt tolerance
	Continue limitation of external rotation
	Scapular stabilization exercises

Phase 3: Week 7-10 ☐ Wean from sling □ Progress to full AROM/AAROM/PROM in all planes □ Include wand exercises ☐ Emphasize posterior capsular stretching □ Begin active internal rotation ☐ Begin PRE's within pt tolerance, except subscapularis ☐ Isotonic exercises beginning without weight, progressing within pt tolerance to PRE's, starting 2-4 oz. and increasing incrementally as tolerated If combined with rotator cuff repair, PRE's should be delayed until 10 weeks post surgery □ Topical massage prn * No strengthening of subscapularis until 12 wks post surgery * Phase 4: Week 11-16 Continue full strengthening and stretching program Phase 5: Week 20-28 ☐ Return to full functional activities, including light recreational sports depending upon pt strength and medical condition Avoidance of high impact activities such as hammering, contact sports, free weight training is recommended.

This protocol provides you with general guidelines for the rehabilitation of the patient undergoing total shoulder or humeral head replacement.

Specific changes in the program will be made by the physician as appropriate for the individual patient.

Questions regarding the progress of any specific patient are encouraged, and should be directed to Dr. Lervick at **952-456-7111**.

REFERENCE:

Clinical Orthopaedic Rehabilitation, 2nd edition. SB Brotzman, KE Wilk. Mosby 2003.