



Total Shoulder Replacement

Post-Operative Rehabilitation Protocol

General Considerations:

- Timing and prognosis are approximate and will depend on many factors including but not limited to surgical complexity, compliance with recommendations made by Surgeon and Physical Therapist, individual physiological factors, and positive mental outlook
- Protocols are not absolute and clinical judgement should be used in each individual case to determine best practices for favorable outcomes.
- Protocols are not to be substituted for care under a Physical Therapist's supervision.

Goals/Focus/Precautions:

- Restore greater mobility of the shoulder than prior to the surgery. In addition, Stability of the joint is vital and essential for normal pain free shoulder function
- 1. In hospital use immobilizer.
- 2. Discontinue immobilizer at Day 1-3 and use sling for comfort for next few weeks as needed
- 3. No resisted external rotation for 4 weeks for fear of disrupting subscapularis repair.

Phase I – (Week 0-4): Protection Phase

Goals: Decrease pain and edema, Improve PASSIVE range of motion, protect the anterior capsule and Subscapularis, retard muscle atrophy and rotator cuff inhibition. Wear the sling at all times except in the shower.

- Icing, elevation, and edema control are especially important during the first few days after surgery. (20 minutes every hour)

Manual: Soft tissue treatments to surrounding musculature including but not limited to: deltoid/RC, bicep, posterior cuff, pectorals, traps, PROM into flexion.

Exercises: CPM, passive ROM flexion (0-70), Pendulum, Elbow and wrist ROM, Gripping exercises for hand.

Phase II – (Week 4-6): Passive ROM Phase

Manual: Continue with soft tissue treatments, effleurage for edema, Grade I/II joint mobilization for joint comfort

Wear the sling at all times for the first 6 weeks (except while in the shower).

Exercise: Continue PROM exercises

Phase III – (Week 6-8): Active Assist Motion Phase

Goals: Improve ROM, Decrease pain and swelling, Improve dynamic stabilization and strength. Improve functional Activities

- M.D. visit at 4-6 weeks post-op.

Manual: Soft tissue mobilization, apply direct scar tissue mobilizations, may use instruments and tools, Joint mobilization to improve capsular mobility as needed

Exercise: Active assisted ROM with bar – all motions to tolerance* ER and IR in scapular plane and 90 degrees of abduction. No more than 20 degrees of ER by the end of this phase.

Phase IV- (Week 8-12): Active Motion Phase

Manual: Soft tissue mobilization and joint mobilization as needed – emphasis on scapular mobility and upward rotation.

Exercise: Add active ROM exercises. Add 10 degree of ER ROM each week.

Phase V – (Week 12- 26): Activity Phase

Goals: Improve strength of shoulder musculature, neuromuscular control of the shoulder complex, Improve functional activities

Manual: Continue with mobilization of the joint and soft tissue as needed.

Exercises: AROM and AAROM with bar, ER/IR 90 degrees abduction. Strengthening to the shoulder, back and rotator cuff. Continue with trunk strengthening.