SHOULDER ARTHROPLASTY PROTOCOL

The shoulder arthroplasty procedure is performed to improve function, increase active range of motion and reduce pain of the shoulder. The following is a guideline for progression of post-operative treatment.

General Information
• Time required for full recovery is 9-12 months.
• Accelerating rehabilitation for “fast healers” may inhibit results and lead to recurrent problems or complications.
• Patients may never regain full, normal motion, but patients will be encouraged to reach their maximal level of function.

Precautions
• In this procedure, the subscapularis is detached for exposure of the glenohumeral joint and then reattached after the surgery is complete. This reattachment must be protected for 6 weeks. During this time, strengthening activities involving internal and external rotation must be avoided.

Immobilization
• Sling should be worn for the first 48-72 hours.
• After 3 days, sling can be removed for light activity such as desk work.
• Sling should be worn as needed during the day, whenever the patient is active or in an unprotected environment; it should always be worn at night for the first 6 weeks.
• Discontinue sling completely at 6 weeks.

1st Post-Op Visit
1. Wound inspection
2. Patient education
   • No active shoulder motion for 4 weeks, all planes
   • No active internal rotation for 6 weeks
   • Sling use as directed by physician
   • Keep wound dry
   • Icing 3 times/day for 20 minutes
3. Exercise
   • Pendulum exercise without weight
     - Clockwise - Counterclockwise
     - Side-to-side - Front & back
   • AAROM exercise - to patient tolerance - with cane and/or table slides
     - Flexion
     - Abduction
     - External rotation to 20° only or as directed by physician
   • AROM exercise
     - Elbow flexion/extension
     - Wrist flexion/extension and supination/pronation
     - Shrugs/retractions
4. Ice
5. Modalities - PRN

1 Week Post-Op
1. Wound check
   • If wound is sealed, it is okay to shower but not soak
2. Exercise
   • Pendulum exercise
   • AAROM exercise - to patient tolerance - with cane
   • Isometric exercise
     - Flexion/extension
     - Abduction
     - External rotation
   • Progressive resistive exercise
     - Shoulder shrugs - Triceps/shoulder extension
     - Scapular retraction - prone - Gripping exercises
     - Wrist supination/pronation - Wrist flexion/extension
3. Modalities - PRN
4. Ice

2 Weeks Post-Op
1. Wound check, sutures out
2. Exercise
   • AAROM
     - UBE, forward/reverse
     - With cane - progress to finger ladder/wall climbs/pulley system
     - Pulleys for home exercise program
   • Pendulum exercise with light weight
   • Isometrics - as previous
   • Progressive resistive exercise - as previous
3. Modalities - PRN
4. Ice
4 Weeks Post-Op
1. Scar mobility
2. Exercise
   • AROM
     - All planes - limit ER to 30° or as directed by physician
     - UBE, forward/reverse
   • Progressive resistive exercise - continue as previous, adding:
     - Serratus punch - supine, without weight
3. Modalities - PRN
4. Ice

6 Weeks Post-Op
1. Discontinue sling use
2. Exercise
   • AROM
     - All planes - limit external rotation to 45°
     - UBE, forward/reverse and standing off to side clockwise and counterclockwise
   • Progressive resistive exercise - continue as previous, adding:
     - Shoulder internal/external rotation with low resistance Theraband (limit ER to 45°)
     - Wall push-up plus, hand in neutral position
     - Rhythmic stabilization
   • Body Blade
     - One-handed grip in neutral position
     - Two-handed grip in front
     - Opposite hand diagonal pattern
3. Grade I/II glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

8 Weeks Post-Op
1. Full PROM, ER to 60°, and advance to full AROM (ER 60°); able to add stretching in forward elevation (if lacking)
2. Exercise
   • Progressive resistive exercise - continue as previous, adding:
     - Low resistance/high repetition:
       Flexion Abduction
       Supraspinatus (limit to 70°) Prone fly
       Scapular retraction Prone extension
     - Wall push-up plus, hands in neutral position
   • Body Blade
     - One-handed grip, abduction to 90°
     - Two-handed grip, flexion to 90°
   • Plyoball
     - Circles - CW and CCW, 1 minute each direction
     - Squares - CW and CCW, 1 minute each direction
3. Grade I/II glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice
10 Weeks Post-Op
1. Full PROM, ER to 60°; continue stretching (forward elevation, abduction, IR, ER)
2. Exercise
   - Progressive resistive exercise - continue as previous, adding:
     - Kneeling push-up
     - Step-up push-up in quadruped position
   - Plyoball diagonal patterns
   - Fitter
     - Side-to-side
     - Front & back
   - Progress weight and range of motion as tolerated by patient, with closed- and open-chain exercises and proprioceptive activities
3. Glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

12 Weeks Post-Op
1. Should have full AROM, ER to 60°; if not, begin passive stretch to achieve full ROM (forward elevation, abduction, IR, ER)
2. Exercise
   - Progressive resistive exercise - continue as previous, adding:
     - Body Blade diagonals - progress to single-leg stance
     - Push-up plus in push-up position
     - Step-ups in push-up position
3. Glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice

16 Weeks Post-Op
1. Should have full AROM, ER to 75°; continue passive stretch to achieve full ROM
2. Exercise
   - Continue with exercise program, progressing with weight & endurance as tolerated
3. Grade I/II glenohumeral joint mobilization - as indicated
4. Modalities - PRN
5. Ice
6. Released to perform activities as tolerated

24 Weeks Post-Op
1. Progression to full activity as directed by physician

Adapted from MedSport: Ann Arbor, Michigan