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Physical Therapy Protocol: Total Shoulder Arthroplasty

Philosophy:

Total shoulder arthroplasty is meant to relieve pain and restore function to a joint with end-stage arthritis. In patients with fracture or rotator cuff damage, shoulder hemiarthroplasty is designed to relieve pain in the shoulder. Successful results in shoulder surgery can only be accomplished through the cooperation and team approach of the surgeon, therapist and patient. Pre-op planning should include help around the home arranged prior to surgery, even with activities such as eating, dressing, and personal cares. A strong, pain-free shoulder with functional range-of-motion only comes about through an anatomic reconstruction of the shoulder with appropriate soft-tissue releases done at the time of surgery, and aggressive (but appropriate) physical therapy. A positive mental attitude and strong desire to return to activities is needed for best outcome.

Post-Op 0-4 Weeks

OSMS Appointments:

Medical appointment at 2 weeks, with films

Physical therapy will begin as directed by your physician and as indicated on your physical therapy order

Rehabilitation Goals:

Pain control and one-handed ADLs

Gentle ROM

Donning and doffing the sling

Protect the surgical reconstruction

Precautions:

Strict sling use (only off for therapy) for 6 weeks

Recommend use of small pillow or towel behind the elbow when supine to avoid hyperextension

NWB on surgical side (no pushing up from chair)

Avoid active adduction, IR, shoulder extension

ER limited to neutral in scapular plane

Suggested Therapeutic Exercises:

Transfer and gait training with NWB on surgical side

Hand/Wrist/Elbow ROM exercises

Codman's or pendulum exercises TID

Scapular clocks

Scapulothoracic mobilizations



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After 4 weeks, initiate AAROM with T-bar/pulleys

Deltoid submaximal isometrics in neutral

Grade I-II shoulder joint mobilizations

Cardiovascular Exercises:

Walking (with sling on)

Progression Criteria:

After 6 weeks, with pain-free PROM

Phase II, (after Phase I criteria met, usually 4-8 Weeks)

OSMS Appointments:

Medical appointment at 6 and 12 weeks, with films

Physical therapy continues twice weekly

Rehabilitation Goals:

Sling strict for 6 weeks

Minimize pain

Optimize shoulder strength

Range-Of-Motion Exercises:

Target to achieve FROM by 8 weeks

No active IR until 6 weeks post-op

Suggested Therapeutic Exercises:

Progress PROM

Initiate PROM of IR to tolerance (do not exceed 50°) in scapular plane

AROM, and progress to light deltoid, biceps, and triceps strengthening

Isometrics with progression to TheraBands

Light bent over rows

Light serratus punches

Light side-lying ER

At 6 weeks, progress ER stretching under tension is allowed (no stretching into pain) and IR on light pulleys

Cardiovascular Exercises:

Walking, Stairmaster, or stationary bicycle

Phase III, (after Phase II criteria met, usually 8-24 weeks)

Rehabilitation Goals:

Progress functional strength and endurance

Precautions:



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No heavy lifting until after 12 weeks (5# max)

No sudden lifting or pushing activities

Suggested Therapeutic Exercises:

Add PREs, no restrictions

Side-lying ER or light band ER for RTC strengthening

Initiate IR strengthening (isometrics progressing to isotonic)

Begin gentle extension beyond neutral and IR up the back

Begin functional progression for sports and activity-related tasks

References:

- Brown DD, Friedman RJ. Postoperative rehabilitation following total shoulder arthroplasty. *Orthop Clinic North Am.* 1998; 29(3): 535-547.
- Wilcox RBIII, Arslanian LE, Millett PJ. Rehabilitation Following Total Shoulder Arthroplasty. *J Orthop Sports Phys Ther.* 2005;35(12):821-835.