



Orthopedics & Spine Center

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TOTAL SHOULDER REPLACEMENT REHABILITATION PROTOCOL

PHASE I (0-6 weeks)

Goals:

- Decrease pain
- Prevent adhesive capsulitis
- Promote good muscle activation

Precautions:

- Immobilizer should be worn at all times except for hygiene and exercise during first 3-4 weeks.
- Formal physical therapy will be scheduled 3-4 weeks after surgery.

Therapeutic Exercise:

- Initiate elbow/wrist/hand active ROM immediately after surgery.
- Begin Codman's pendulums/pool therapy (if ok'd by surgeon) at week 2.
- PROM to 90 forward flexion, 20 ER at side, 75 max abd without rotation, increase as tolerated.
- May begin AAROM with Canes/Pulleys when tolerated.
- Emphasize scapular stabilizing/postural exercises.
- NO resisted internal rotation or extension.
- Begin isometric ER/forward flexion/Abd/Add when active range of motion allows.
- Progress to resisted ER/forward flexion/Abd/Add as tolerated after 4 weeks.

Criteria to progress to phase II:

1. Minimal residual pain after activity
2. Tolerance/maintenance of P/AROM
3. Weaned from sling

PHASE II (6 - 12 weeks)

Goals:

- Increase range of motion
- Return to functional ADL's
- Improve muscle recruitment.

Therapeutic Exercise:

- Increase range of motion, transition to full active range of motion.
- Begin isometrics for IR and extension, gradually progressing to light resistance.
- Increase reps/resistance as tolerated for strengthening exercises.
- Initiate light UBE.
- Begin Rhythmic stabilization.
- Closed chain activity may begin as tolerated.

Criteria for progression to phase III:

1. Full AROM
2. Tolerant to increased strengthening with minimal residual pain or stiffness.

PHASE III (12 weeks and beyond)

Goals:

- Maintain full range of motion
- Strength equal to contralateral side
- Return to preferred activities.

Therapeutic Exercise:

- Manual or theraband resisted PNF.
- Begin eccentric activities.
- Advance strength training as tolerated, maintain regular program.