

REHABILITATION GUIDELINES FOR TOTAL SHOULDER REPLACEMENT

PHASE I (0-6 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Allow healing of soft tissue Gradually improve PROM of the shoulder and restore AROM of elbow, wrist, hand Reduce pain and edema Maintain integrity of replaced joint
Precautions	<ul style="list-style-type: none"> Sling at all times with exception of shower and PT exercises While supine, small pillow or towel behind elbow to prevent hyperextension/anterior capsule stretch No AROM shoulder No reaching hand behind back or excessive IR No excessive stretching or sudden movements into ER No supporting body weight on hands
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Pendulums PROM table slides into flexion PROM ER to 30 degrees in scapular plane PROM IR Active elbow, wrist, hand exercises
Cardiovascular Exercises	<ul style="list-style-type: none"> Light walking if balance is good enough to walk while in shoulder sling
Progression Criteria	<ul style="list-style-type: none"> Tolerates PROM Has achieved PROM of at least: 90 degrees for forward flexion and scaption, 45 degrees ER in the plane of the scapula, 30 degrees IR in the plane of the scapula and 30 degrees abduction If patient has not reached these degrees, aggressive stretching/mobilization is not indicated. Continue with gradual ROM and grade 1 mobilizations

TOTAL SHOULDER REPLACEMENT

PHASE II (6-12 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> Physical therapy 2 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Restore full passive ROM Gradually restore active assist and active motion Control pain, inflammation, and allow for continued soft tissue healing Don't overstress the healing tissue Re-establish shoulder stability
Precautions	<ul style="list-style-type: none"> Wean out of sling Continue to place a small pillow or towel behind the elbow while supine to avoid shoulder hyperextension Avoid repetitive exercises against gravity if poor shoulder mechanics are present No heavy lifting greater than 5 pounds No upper body weight bearing
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> Initiate AAROM exercises with pulleys and pole Begin pain free AROM in gravity minimized positions at 8 weeks Sub-maximal pain free shoulder isometrics Progress distal extremity exercises to light resistance Initiate assisted shoulder behind the back stretch at 8 weeks Progress to Thera band and resisted exercises later in the phase as appropriate
Cardiovascular Exercises	<ul style="list-style-type: none"> Walking Can start light arm bike at 8 weeks
Progression Criteria	<ul style="list-style-type: none"> Tolerates PROM/AAROM, isometric exercises Has achieved PROM of at least: 140 degrees forward flexion and scaption, ER of 60 degrees, IR of 70 degrees in the scapular plane Able to actively elevate shoulder against gravity to 100 degrees

PHASE III (12-18 WEEKS)

DATES:

Appointments	<ul style="list-style-type: none"> Depending on progress, can continue 2 x per week or phase to 1 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> Gradual restoration of shoulder strength, power, endurance Optimize neuromuscular control

TOTAL SHOULDER REPLACEMENT

	<ul style="list-style-type: none"> • Gradual return to ADLs and functional activities
Precautions	<ul style="list-style-type: none"> • No heavy lifting
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue progression or resisted exercises and dynamic stability • Initiate weight bearing exercises
Cardiovascular Exercises	<ul style="list-style-type: none"> • Arm bike • Walking
Progression Criteria	<ul style="list-style-type: none"> • Good scapular control without upper trap substitution • Return to ADLs without difficulty

PHASE IV (4-6 MONTHS)

DATES:

Appointments	<ul style="list-style-type: none"> • Continue physical therapy 1 x per week or discharge to independent home exercise program (HEP) at physical therapist's discretion
Rehabilitation Goals	<ul style="list-style-type: none"> • Patient has returned to advanced functional activities • Return to recreational hobbies and sports
Precautions	<ul style="list-style-type: none"> • None
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue with advanced level exercises and discharge to independent HEP at the physical therapist's discretion
Cardiovascular Exercises	<ul style="list-style-type: none"> • Cardiovascular exercise of the patient's choice
Progression Criteria	<ul style="list-style-type: none"> • Return to full functional activities and sport

References: Brigham and Women's Hospital
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TOTAL SHOULDER REPLACEMENT

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