

Patient name:
Date of Surgery:
Surgery performed:

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Postoperative Total Shoulder Arthroplasty
Rehabilitation Protocol

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist; a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

1st POST-OP Visit – 10-14 days after surgery

1. Wound Check – Suture Removal
2. Patient Education
 - **NO active motion until 6 weeks post-op**
 - Sling/Immobilizer
 - Icing at least 3 times/day for 20 minutes each or vascultherm more frequently
 - **A subscapularis repair is performed as part of this surgery, and mandates no forceful passive external rotation**
3. Exercises – It is recommended to perform these exercises on your own, at least 3 times a day. Formal therapy session should be attended weekly during this phase to ensure proper mechanics and guidance.
 - Closed chain Pendulums/Codman (begin Day 1)
 - o Clockwise, counterclockwise, side-to-side, front & back
 - Non-weight bearing AROM exercises at elbow and wrist
 - o elbow flexion/extension
 - o wrist flexion/extension and pronation/supination
 - o gripping exercises
 - o prone and standing scapular clocks
 - protraction, retraction, elevation, depression
 - No canes or Pulleys
4. Modalities - PRN

Approximately 4 WEEKS POST-OP

1. Therapy may begin at this time depending on the integrity of your repair. It could be held off until 6 weeks.
2. YOU WILL START PT AT _____ Weeks.
3. Range of Motion – True Passive Range of Motion only to Patient Tolerance
 - Eventual Goals: Forward flexion 140°, 60-80° Abduction without rotation. Limit Internal Rotation to 40° with shoulder 60-80° Abducted.
 - At six weeks: 40° External Rotation with arm at side to well within patient tolerance.
 - Maintain elbow at or anterior to mid-axillary line when patient is supine.
4. Exercises - As above plus the addition of other passive modalities as instructed by therapist

6 WEEKS POST-OP – 2nd postoperative visit

1. Discontinue sling
2. Exercises
 - Begin active and active assist range of motion
 - Passive range of motion in external rotation increased gradually if subscapularis repair
 - **NO BICEPS strengthening until 8 weeks postop is tenodesis performed**
3. Grade I/II glenohumeral joint mobilizations - as indicated
4. Modalities - PRN
5. Ice

12 WEEKS POST-OP – 3rd postoperative visit

1. Exercises
 - Initiate stepwise shoulder weight bearing/strengthening exercises as permitted by range of motion
 - o BodyBlade
 - o Plyoball – circles, squares, diagonals
 - o Theraband
 - Ad lib elbow/wrist/hand strengthening
2. Glenohumeral joint mobilization - as indicated
3. Modalities - PRN
4. Ice

Once the shoulder has a nearly full range of motion, strength and comfort, we recommend that the shoulder be protected from heavy lifting loads and from impact. Thus we discourage activities such as chopping wood, training with heavy weights, vigorous hammering, and recreational activities that subject the shoulder to impact loading. NO lifting greater than 50lbs floor to waist is permitted. NO lifting greater than 25lbs should be done at chest height or above. Inability to stay within these restrictions is likely to cause failure of your total shoulder replacement in a short period of time. People who require the ability to do heavy lifting should consider hemiarthroplasty. Hemiarthroplasty (replacement of the ball without replacing the socket) has less restrictions on lifting or activities, but may give less predictable or less complete pain relief. Hemiarthroplasty can be converted to a total shoulder at a later date if needed.

You can expect to improve you range of motion and strength for up to 12 months after Total Shoulder Replacement. Rotation typically requires more time to reach maximal benefit