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Total Shoulder Arthroplasty Hemiarthroplasty Protocols

Pre-op Visit

The patient should purchase:

- Over the door pulley
- 3 pack of theraband: yellow, red, green

The patient should be instructed in the following exercises to be done post op TID until their first PT visit:

- Supine cane PROM flexion
- OTD pulley PROM flexion only
- Sitting or standing PROM cane ER to neutral
- Elbow and wrist AROM
- Grip Strength: squeezing tennis ball or putty

Phase I: POD # 10-14 through 4 weeks

Immediate concerns and precautions to review with patient:

- Restrict active IR for 6-8 weeks secondary to subscapularis repair
- Avoid excessive shoulder extension 4-6 weeks
- External rotation: to neutral at 2 weeks, increase 10° per week with arm at side. Goal is >40° ER neutral at 6 weeks.

Note: may be more aggressive if routine subscap closure; less aggressive if subscap was medialized (check op note)

Exercises:

Ensure independence with HMP.

Therapeutic exercise:

- PREs: Biceps, triceps, all wrist and forearm movements with weight as tolerated
- PROM forward flexion as tolerated, abduction to 90°, ER (to neutral at 2 weeks, increase 5° per week), IR
- Active forward flexion without weights to patient tolerance
- Isometric flexion, abduction, extension, and ER. NO IR due to Subscapularis protection

UBE with high seat to patient tolerance

Closed chain: Weight shifting on UEs on table, all directions
Table wash, ball rolling
Wall push up as tolerated

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Phase III: 4-6 weeks post-op

Immediate concerns:

Continue to restrict active IR until 6 weeks post-op, unless otherwise instructed by physician.

Shoulder flexion should be 120° at 4 weeks.

ER should be >20° at 4 weeks.

Therapeutic exercise

PREs: Progress as tolerated: biceps, triceps, UBE, forearm, wrist and hand

AROM: forward flexion and abduction

Rockwood theraband except IR

Manual therapy

Supine manual resistance

Multi-directional isometric rhythmic stabilization

PROM: Continue shoulder flexion, abduction, IR, ER as previous.

Begin gentle extension stretch.

Closed chain: Continue WB exercises: weight shifting in 4 point and 3 point, wall push up with plus, rocker board, UE step-ups

Phase IV: 6 weeks post-op

Immediate concerns:

ROM: ER should be >40° in neutral, flexion 120° or greater, abduction 90°-100°.

Begin to address subscapularis strength.

Therapeutic Exercise:

All as previous, advance patient as tolerated with weights and functional stabilization exercises.

Begin subscapularis strengthening:

Yellow theraband, manual resistance to tolerance

Stretching all directions as needed

ER – increase to full ER ROM per patient tolerance

Extension should be approaching normal ROM.

Continue to progress closed chain, rhythmic stabilization exercises, address return to function.

Revised: 9/04