

TOTAL SHOULDER ARTHROPLASTY/HEMIARTHROPLASTY PROTOCOL

The intent of this protocol is to provide the therapist with a guideline for the post-operative rehabilitation course of a patient that has undergone a Total Shoulder Arthroplasty (TSA) or Hemiarthroplasty (Humeral Head Replacement, HHR). It is not intended to be a substitute for appropriate clinical decision-making regarding the progression of a patient's post-operative course. The actual post-surgical physical therapy management must be based on the surgical approach, physical exam/findings, individual progress, and/or the presence of post-operative complications. If a therapist requires assistance in the progression of a post-operative patient they should consult with Dr. Garber.

Please Note: Those patients with a concomitant repair of a rotator cuff tear and/or a TSA/HHR secondary to fracture should be progressed to the next phase based on meeting the Clinical Criteria (not based on the post-op time frames) as appropriate in collaboration with Dr. Garber.

Phase I – Immediate Post-Surgical (0-4 weeks):

Goals:

- Allow healing of soft tissue
- Maintain integrity of replaced joint
- Gradually increase passive range of motion (PROM) of shoulder; restore active range of motion (AROM) of elbow/wrist/hand
- Diminish pain and inflammation
- Prevent muscular inhibition
- Independent with activities of daily living (dressing, bathing, etc.) with modifications while maintaining the integrity of the replaced joint.

Criteria for progression to the next phase:

- Tolerates PROM program
- at least 90 degrees PROM flexion
- at least 90 degrees PROM abduction
- at least 70 degrees PROM IR in plane of scapula
- Be able to isometrically activate all shoulder, rotator cuff, and upper back musculature

Postoperative Day #1 (in hospital):

- Passive forward flexion in supine to tolerance
- ER in scapular plane to available gentle PROM (as documented in Operative Note) – usually around 30 degrees. *(Attention: DO NOT produce undue stress on the anterior joint capsule and subscapularis particularly with shoulder in extension)*
- Passive internal rotation to chest

Precautions:

- No PASSIVE external rotation past 10 degrees for first 6 weeks post operatively
- Sling should be worn for 3 weeks for comfort
- Sling should be used for sleeping and removed gradually over the course of the four weeks, for periods throughout the day.
- While lying supine a small pillow or towel roll should be placed behind the elbow to avoid shoulder hyperextension / anterior capsule / subscapularis stretch.
- Avoid shoulder active range of motion.
- No lifting of objects
- No excessive shoulder motion behind back
- No excessive stretching or sudden movements (particularly external rotation)
- No supporting of body weight by hand on involved side
- Keep incision clean and dry (no soaking for 2 weeks)
- No driving for 3 weeks
- Active distal extremity exercise (elbow, wrist, hand)
- Pendulums
- Frequent cryotherapy for pain, swelling and inflammation management
- Patient education regarding proper positioning & joint protection techniques

Postoperative Day #2-10 (out of hospital):

- Continue above exercises
- Assisted flexion and abduction in the scapular plane
- Assisted external rotation
- Begin sub-maximal, pain-free shoulder Isometrics in neutral
- Begin scapula musculature isometrics / sets
- Begin active assisted elbow ROM
- Pulleys (flexion and abduction) – as long as greater than 90 degrees of PROM
- Continue cryotherapy as much as able for pain and inflammation management

Postoperative Day #10-21:

- Continue previous exercises
- Continue to progress PROM as motion allows
- Gradually progress to active assisted range of motion (AAROM) in pain-free ROM
- Progress active distal extremity exercise to strengthening as appropriate
- Restore active elbow ROM

Phase II – Early Strengthening (Weeks 3-6):

Goals:

- Continue PROM progression/ gradually restore full passive ROM
- Gradually restore active motion
- Control pain and Inflammation
- Allow continue healing of soft tissue
- Do not overstress healing tissue
- Re-establish dynamic shoulder stability

Criteria for progression to the next phase:

- Tolerates P/AAROM, Isometric program
- Has achieved at least 140 degrees PROM flexion
- Has achieved at least 120 degrees PROM abduction.
- Has achieved at least 70 degrees PROM IR in plane of scapula
- Be able to actively elevate shoulder against gravity with good mechanics to 100 degrees

Week 3:

- Continue with PROM, AAROM, Isometrics
- Scapular strengthening
- Begin assisted horizontal adduction
- Gentle joint mobilizations as indicated

Week 4:

- Begin active forward flexion, internal rotation, external rotation, & abduction in supine position, in pain-free ROM

Precautions:

- No PASSIVE external rotation past 10 degrees for first 6 weeks post operatively **unless instructed by Dr. Garber.**
- Sling should be used as needed for sleeping and removed gradually over the course of the next two weeks, for periods throughout the day.
- While lying supine a small pillow roll or towel should be placed behind the elbow to avoid shoulder hyperextension / anterior capsule stretch.
- Begin shoulder AROM against gravity.
- No heavy lifting of objects (no heavier than coffee cup)
- No supporting of body weight by hands and arms
- No sudden jerking motion

- Progress distal extremity exercises with light resistance as appropriate
- Initiate rhythmic stabilization
- Continue use of cryotherapy for pain and inflammation.

- Progress scapular strengthening exercises
- Wean from sling completely
- Begin isometrics of rotator cuff and periscapular muscle

Phase III – Moderate strengthening (week 6-12):

Goals:

- Gradual restoration of shoulder strength, power, and endurance
- Optimize neuromuscular control
- Gradual return to functional activities with involved upper extremity

Precautions:

- No heavy lifting of objects (no heavier than 5 lbs)
- No sudden lifting or pushing activities
- No sudden jerking motions

Criteria for progression to the next phase:

- Tolerates AA/AROM
- Has achieved at least 140 degrees AROM flexion supine
- Has achieved at least 120 degrees AROM abduction supine.
- Has achieved at least 60+ degrees AROM ER in plane of scapula supine
- Has achieved at least 70 degrees AROM IR in plane of scapula supine
- Be able to actively elevate shoulder against gravity with good mechanics to least 120 degrees.

Week 6:

- OK to begin GENTLE external rotation strengthening
- Increase anti-gravity forward flexion, abduction as appropriate
- Active internal rotation and external rotation in scapular plane
- Advance PROM as tolerated, begin light stretching as appropriate
- Continue PROM as needed to maintain ROM
- Initiate assisted IR behind back
- Begin light functional activities

Week 8:

- Begin progressive supine active elevation (anterior deltoid strengthening) with light weights (1-3 lbs) and variable degrees of elevation.

Week 10-12:

- Begin resisted flexion, abduction, external rotation (therabands/sport cords)
- Continue progressing internal and external strengthening
- Progress internal rotation behind back from AAROM to AROM as ROM allows (**pay particular attention as to avoid stress on the anterior capsule**)

Phase IV – Advanced strengthening (weeks 12 to 6 months):

Goals:

- Maintain full non-painful active ROM
- Enhance functional use of UE
- Improve muscular strength, power, and endurance
- Gradual return to more advanced functional activities
- Progress closed chain exercises as appropriate.

Precautions:

- Avoid exercise and functional activities that put stress on the anterior capsule and surrounding structures. (e.g. no combined ER and abduction above 80 degrees of abduction.)
- Ensure gradual progression of strengthening. Patient has returned to more advanced functional activities

Criteria for progression to the next phase:

- Patient able to maintain full non-painful active ROM
- Maximized functional use of UE
- Maximized muscular strength, power, and endurance
- Patient has returned to more advanced functional activities

Week 12+:

- Typically patient is on just a home exercise program by this point 3-4x per week.
- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities.

4-6 Months:

- Return to recreational hobbies, gardening, sports, golf, doubles tennis