

SHOULDER HEMIARTHROPLASTY

Physical Therapy

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PHASE I – Maximum Protection (Week 0 to 6)

☐ **Goals**

- ☐ Reduce inflammation
- ☐ Decrease pain
- ☐ Postural education
- ☐ PROM as instructed

☐ **Restrictions/Exercise Progression**

- ☐ Sling x 6 weeks
- ☐ Ice and modalities to reduce pain and inflammation.
- ☐ Cervical ROM and basic deep neck flexor activation (chin tucks).
- ☐ Instruction on proper head neck and shoulder (HNS) alignment.
- ☐ Active hand and wrist range of motion.
- ☐ Passive/AA biceps ROM.
- ☐ Active shoulder retraction.
- ☐ Passive range of motion:
 - Flexion 90° x weeks 0-2, 120° weeks 2-4, then gradually progress as tolerated.
 - External rotation 0° x 2 weeks, 15° ER at 0° and 30° abduction weeks 2-4, 30° ER at 0° and 45° abduction at 4-6 weeks. Gradual return to full after 6 weeks.
 - Avoid internal rotation (thumb up back) until 6 weeks post-op.
 - Encourage walks and low intensity cardiovascular exercise to promote healing.

☐ **Manual Intervention**

- ☐ STM – global shoulder and CT junction.
- ☐ Scar tissue mobilization when incisions are healed.
- ☐ Graded GH mobilizations.
- ☐ ST mobilizations.

PHASE II – Progressive Stretching and Active Motion (Weeks 6 to 8)

☐ **Goals**

- ☐ Discontinue sling.
- ☐ Gradual return to full ROM.
- ☐ Postural education.
- ☐ Focus on posterior chain strengthening.

- ☐ **Exercise Progression**
 - ☐ Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance.
 - ☐ Gradual introduction to internal rotation using shoulder extensions (stick off back).
 - ☐ Serratus activation; Ceiling punch (weight of arm) many initially need assistance.
 - ☐ Scapular strengthening – prone scapular series (rows and I's). Emphasize scapular strengthening under 90°.
 - ☐ External rotation on side (no resistance).
 - ☐ Gentle therapist directed CR, RS and perturbations to achieve ROM goals.
 - ☐ Cervical ROM as needed to maintain full mobility.
 - ☐ DNF and proper HNS alignment with all RC/SS exercises.
 - ☐ Low to moderate cardiovascular work.
 - ☐ **Manual Intervention**
 - ☐ STM – global shoulder and CT junction.
 - ☐ Scar tissue mobilization.
 - ☐ Graded GH mobilizations.
 - ☐ ST mobilizations.
 - ☐ Gentle CR/RS to gain ROM while respecting repaired tissue.
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PHASE III – Strengthening Phase (Weeks 8 to 12)

- ☐ **Goals**
 - ☐ 90% passive ROM, 80-90% AROM by 12 weeks.
 - ☐ Gradual progression ROM all planes as tolerated.
 - ☐ Normalize GH/ST arthrokinematics.
 - ☐ Activate RC/SS with isometric and isotonic progression.
 - ☐ Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading.
- ☐ **Exercise Progression**
 - ☐ Passive and active program gradually pushing for maximum flexion and external rotation.
 - ☐ Continue with stick off the back, progressing to internal rotation with thumb up back.
 - ☐ Add resistance to ceiling punch.
 - ☐ Sub-maximal rotator cuff isometrics.
 - ☐ Advance prone series to include T's or at 45° as tolerated.
 - ☐ Add rows with weights or bands.
 - ☐ Supine chest-flys providing both strength and active anterior shoulder stretch.
 - ☐ Supine PNF patterns through available range.
 - ☐ Biceps and triceps PRE.
 - ☐ Scaption; normalize ST arthrokinematics.
 - ☐ 10 weeks; add quadruped or counter weight shift. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position.
- ☐ **Manual Intervention**
 - ☐ STM and Joint mobilization to CT junction, GHJ and STJ as needed.
 - ☐ CR/RS to gain ROM while respecting repaired tissue.
 - ☐ Manual perturbations.
 - ☐ PNF patterns.

PHASE IV – Advanced Strengthening Phase (Weeks 12 to 24)

☐ **Exercise Progression**

- Full range of motion all planes – emphasize terminal stretching with cross arm, TUB, triceps, TV, sleeper and door/pec stretch.
- Begin strengthening at or above 90° with prone or standing Y's, seated 90/90, D2 flexion pattern and 90/90 as scapular con-trol and ROM permit. Patient health, physical condition and goals/objectives will determine if strengthening above 90° is appropriate.
- Add lat pulls to gym strengthening program.
- Continue with closed chain quadruped perturbations; add open chain as strength permits. Patient overall condition, strength, goals and objectives determine additional advancement.
- Initiate plyometric and rebounder drills as appropriate.

☐ **RTS Program (weeks 20-24)**

- Continue to progress RC and scapular strengthening program as outlined.
- Advance gym strengthening program.
- RTS testing for interval programs (golf, tennis etc.).
- Follow-up examination with the physician (6 months) for release to full activity.