TOTAL SHOULDER ARTHROPLASTY or RESURFACING HEMIARTROPLASTY
Outpatient Therapy Protocol
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Precautions:
- No external rotation past 30 degrees for 8 weeks
- No active internal rotation for 8 weeks
- No cross body adduction for 6 weeks
- No Lifting/pushing/pulling> 5lbs for 8 weeks
- Long Term: no forceful jerking movements (starting outboard motor, pushing mower or chain saw) or repetitive impact loading

Inpatient: (0-4 days)
• ROM
  - Instruct in home program and provide a written copy of exercise to be done 3x/day
  - Codman’s exercises
  - Cervical, elbow and wrist AROM and grip strengthening
• Other
  - Instruct to don and doff sling or shoulder immobilizer
  - Instruct on proper use of ice or cryocuff
    - 20-30 minutes at a time, several times per day
    - Should be done especially after exercise
• Wound Instructions
  - Dry guaze to wound every day until dressing is totally dry, then cover prn
  - May shower at 7 days but no bath or hot tub for 3 weeks
  - No anti-inflammatory medications x 6 weeks unless on ASA for other reasons

Outpatient Phase 1 (Hospital Discharge to week 4)
• ROM
  - Start self-assisted forward elevation to 140 degrees and external rotation to 25 degrees
    - IR in scapular plan as tolerated; no IR behind back
    - No IR in abduction, extension or cross body adduction
  - Continue cervical, elbow and wrist ROM and grip strength
  - Postural control exercises
**Strength**
- Isometric external rotation, abduction and forward elevation
  - No isometric adduction, IR or extension
- Scapular retraction and depression
- Aerobic conditioning (walking or stationary bike)

**Sling**
- Continue sling except for exercise or bathing

**Other**
- Scar mobilization once healed
- Cryotherapy for pain, inflammation and edema control

**Outpatient Phase 2: (Weeks 5 – 8)**

**ROM**
- No ER beyond 40 degrees until week 7 and then progressive return to full in 10-15 degree increments per week
- At week 7 may begin AROM in forward elevation and external rotation without resistance
- Pulley for forward elevation and abduction

**Strength**
- At week 7 may begin progressive supine two hand press
- At week 7 may begin bicep/tricep strengthening with elbow supported

**Sling**
- Discontinue sling during daytime but continue to wear at night through week 6

**Outpatient Phase 3: (Weeks 9-12)**

**ROM**
- ER stretch in progressive degrees of abduction
- IR stretch in abduction
- Cross body adduction stretch for posterior capsule
- Anterior chest wall stretching

**Strength**
- Begin isotonic rotator cuff and deltoid strengthening starting with light resistance
  - Start in non-impingment position and progress through increasing degrees of abduction as tolerated
- Periscapular strengthening of posterior shoulder girdle (trapezius, rhomboids, latissimus dorsi, serratus anterior)
- Closed chain scapular clocks, table top ball rolls, wall washes, scapular punches and dumps
- UBE with light resistance especially in reverse direction to promote scapular strengthening
Low weight high repetition to build endurance and encourage muscle hypertrophy and cuff remodeling

NOTES: Hydrotherapy is ok in phase 1 and 2 provided the limits of no active internal rotation and external rotation to 40 degrees are kept. Should not begin prior to week 3 so wound is fully healed.  
• Hydrotherapy should include core body strengthening and aerobic conditioning

Outpatient Phase 4: (Weeks 12-16)

• ROM
  ▫ Continue maintenance flexibility program until full ROM and emphasize posterior capsular stretching with side-lying IR stretch and cross body adduction stretch

• Strength
  ▫ Progressive cuff, deltoid and periscapular strengthening
    ◦ Emphasize strengthening force couples
  ▫ Add proprioceptive exercises to improve joint position in space
  ▫ Progressive resistance with UBE
  ▫ Functional progression exercises depending on activities

Physician Signature: ___________________________________________________________