TOTAL SHOULDER ARTHROPLASTY or RESURFACING HEMIARTHROPLASTY
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:_________________________________________________________