

Total Shoulder Replacement Postoperative Protocol

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Phase I: (0-4 weeks)

Goals:

- Patient Education
- Allow healing of subscapularis
- Control pain and inflammation
- Initiate range of Motion exercises

Precautions:

- Sling should be worn continuously for 6 weeks except when at PT or doing exercises
- While lying supine, a small pillow or towel roll should be placed behind the elbow to avoid shoulder hyperextension/anterior capsule stretch/subscapularis stretch. **(When lying supine patient needs to always be able to visualize their elbow. This ensures they are not extending their shoulder past neutral.)- This should be maintained for 6-8 weeks post op**
- Avoid shoulder AROM (Active Range of Motion).
- No lifting of objects until 6 weeks post op
- No excessive shoulder motion behind back, especially into internal rotation (IR).
- No excessive stretching or sudden movements (particularly external rotation(ER)).
- No supporting of body weight by hand on involved side.
- Keep incision clean and dry (no soaking for 2 weeks).
- No driving for at least 6 weeks.

Exercises:

- Review precautions such as no active internal rotation (protect subscapularis repair)
- Pendulums, elbow AROM, hand squeezes.
- Supine passive forward elevation and passive external rotation within plane of scapula (see precautions).
- May add PROM in internal rotation and adduction.

Post-Operative Day (POD) #1

- Passive forward flexion in supine to 90 degrees or less
- Gentle ER in scapular plane - usually to neutral or zero degrees **(Attention: DO NOT** produce undue stress on the anterior joint capsule, particularly with shoulder in extension).
- Passive IR to chest
- Active distal extremity exercise (elbow, wrist, and hand).
- Pendulum exercises
- Shoulder shrugs

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Early Phase 1: (out of hospital)

- **Continue above exercises**
- **Keep Aquacell dressing of for at least 7 days**
- Begin scapula musculature isometrics/sets (primarily retraction)
- Continue active elbow ROM
- Continue cryotherapy as much as able for pain and inflammation management

Late Phase I:

- **Continue previous exercises**
- Continue to progress PROM as motion allows
- Begin assisted flexion, elevation in the plane of the scapula, ER, IR in the scapular plane. Progressive active distal extremity exercise to strengthening as appropriate.

Phase II: (4-6 weeks)

Goals:

- Decreased pain and inflammation
- Increased ADL's
- Continue stretching until full PROM achieved

1. Add Phase II stretching in planes of extension, internal rotation, elevation, external rotation and posterior capsular stretch. External rotation to 20 degrees
2. Initiate light isometrics for rotator cuff
3. Scapular stabilization

Phase III: (6-12 weeks)

Goals:

- PROM full and pain free
- Increase functional activities
- Increase strength of scapular stabilizers

1. Continue strengthening
2. Progressive resistance of shoulder shrugs, scapular retraction, biceps, triceps.
3. May initiate light weights (under 3 lbs until 10 weeks).

Phase IV: (12-16 weeks)

Goals:

- Full functional activities
- Return to work or sport

1. Work or sport specific training
2. Suggest modifications to work, sport, or functional activities (gardening, golf, doubles tennis, fishing.)
3. Home exercise program 3-4 times per week.