



Total Shoulder Replacement Protocol

Applicability: Physician Practice	Date Effective: 11/2016
Department: Rehabilitation Services	Date Last Reviewed / or Date Last Revision: 1/2018
Supersedes: Total Shoulder Replacement (Dr. Beattie)	
Administration Approval: Amy Putnam, VP Physician Services	

Purpose: Define the protocol to be followed for all patients referred from Northwestern Orthopedics after the above procedure has been performed.

Policy Statement: Treatment will follow the defined protocol below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

Background: N/A

Definitions: PROM-moving a joint passively through the available ROM. NOT STRETCHING

Procedure:

IMMEDIATE MOTION PHASE

- Goals: Allow early healing of capsule
- Increase passive range of motion
- Decrease shoulder pain
- Minimize muscular atrophy

Post op Week 0-2

First outpatient PT visit post-op day 2-5

Dressing change: change aquacel AG post op day 7 cleanse wound and apply new aquacel.

Remove this aquacel 5-7 days later

Sling: can remove to bathe and perform rehab exercises

encourage use of arm for eating and writing with sling

Avoid: actively raising the arm, reaching behind back (getting wallet position)

Edema Control:

- Ice/cryocuff
- Kinesiotape if indicated
- Estim if indicated

*Key** protect the subscapularis repair

Suggested Exercises: Passive shoulder pendulum

Hand, wrist, elbow passive and active range of motion

Cervical AROM



PROM ER with cane (elbow at side) to 20 degrees only x 8 weeks
PROM IR to 30 degrees at 30 degrees abduction
PROM shoulder flexion (with slight IR)
PROM shoulder abduction (not stretching)
Isometrics for shoulder abduction, ER, elbow flexion in neutral
Active scapular retraction with depression

Post op Weeks 2-4

Sling: as needed for comfort, d/c by 4 weeks

Avoid: reaching behind back (getting wallet position)

NO IR STRENGTHENING x 8 weeks

Limit ER to 20 degrees x 8 weeks

Edema Control:

Ice/cryocuff

Kinesiotape if indicated

Estim if indicated

*Key** protect the subscapularis repair

Suggested Exercises: Passive shoulder pendulum

PROM ER with cane (elbow at side) to 20 degrees only x 8 weeks

PROM IR to side at 45 degrees abduction

PROM shoulder flexion (with slight IR)

PROM shoulder abduction

*PROM but no stretching

Shoulder isometrics: abd/adduction, ER, flexion and extension

Elbow isometrics: flexion and extension

Scapular AROM and isometrics

Supine AAROM elevation in scapular plane

Supine ER/IR with straight cane (ER to 20 degrees only) self passive ROM.

Passive shoulder pulleys flexion with slight IR

Buoyancy assisted ROM in the pool within above restrictions.

ACTIVE MOTION PHASE

Goals: Improve shoulder Range of Motion

Improve shoulder strength and dynamic stabilization

Decrease pain/inflammation

Increase Functional Activities

Post op Weeks 4-8

Edema Control:

Ice/cryocuff

Kinesiotape if indicated

Estim if indicated

NO IR STRENGTHENING x 8 Weeks

Limit ER ROM to 20 degrees x 8 weeks



Suggested Exercises: Continue exercises in previous phase as needed
Continue to Progress shoulder PROM limiting ER to 20 degrees
Shoulder AAROM with pulleys
Shoulder flexion passive flexion counter slide/ bowing
Shoulder wall slide/walk

AAROM exercises with straight cane all motions to tolerance
Flexion
ER/IR limit ER to 20 (x 8 weeks)
Abduction with palm down to limit ER
Shoulder AROM progressing from gravity assisted/reduced to gravity resisted
Strengthening Exercises (progressive resistance) once able to perform AROM with good form and range and with no increase in pain.
Theraband
Rhythmic stabilization
Shoulder isometrics in multi-angles
Progressive resistance with hand weights
Scapular strengthening exercises
Biceps/Triceps

Post op Weeks 8-12

Suggested Exercises: Continue exercises in previous phase as needed
Progress shoulder and scapular strengthening
Continue to emphasize AROM and strength
Pool Exercises and swimming as tolerated
Progress ER PROM and AROM as tolerated
Initiate shoulder IR strengthening & progress as tolerated
Eccentric shoulder strengthening

ACTIVITY PHASE

Goals: Improve strength of shoulder musculature
Neuromuscular control of shoulder complex
Improve functional activities

Criteria to initiate Activity Phase:

PROM Flexion 0-160 degrees
ER 75 degrees
IR 60 degrees
Strength 4/5 for ER/IR/Abd

Post op Weeks 12-26

Suggested Exercises: Shoulder stretching in all directions as needed
AROM progressing to resisted ER/IR at 90 degrees abduction



Progress shoulder theraband strengthening
Full can exercise
Scapular strengthening
Progress shoulder strengthening at various points in the ROM
Customize strengthening to meet needs of patients work/function

Note Well: Variances will be communicated by the surgeon directly to Rehabilitation Services.

Monitoring Plan: Rehab Chart Audit

Related Policies: N/A

References: N/A

Reviewers: Rehab and Ortho

A. Key Stakeholders: Michael Barnum, Ortho Medical Director

B. Committees: N/A

C. Key Process Owner (KPO): Kristy Cushing, Manager Rehab Services. Karen Staniels
Director of Ortho and Rehab

Not part of policy: [ADD Key words for policy search if end user didn't know the name]