



Total Shoulder Replacement Protocol

Applicability: Physician Practice	Date Effective: 11/2016
Department: Rehabilitation Services	Date Last Reviewed / or Date Last Revision: 1/2021
Supersedes: Total Shoulder Replacement (Dr. Beattie)	
Administration Approval: Deanna Orfanidis VP, Chief Nursing Officer	

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

Immobilizer: can remove to bathe and perform rehab exercises

encourage use of arm for eating and writing with immobilizer

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 for 12 weeks

- Avoid: ER stretching
- IR strengthening
- Combined abduction and ER

Educate patient to avoid “reaching behind back and using operative arm to “push up” from chair when transferring.

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 12 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

Immobilizer: Remove bolster from immobilizer and wear as a sling at:
 2 weeks: if subscapularis repair only
 4 weeks: with additional rotator cuff repair
 Begin to wean from sling starting at 4 weeks

Variance: Variation in use of immobilizer is possible based on intraoperative assessment and patient specific factors. Surgeon will communicate changes to timeframes for immobilizer use to the therapist.

Key* protect the subscapularis repair for 12 weeks

Avoid: ER stretching
 IR strengthening
 Combined abduction and ER
 Educate patient to avoid “reaching behind back and using operative arm to “push up” from chair when transferring.

Edema Control:

Ice/cryocuff
 Kinesiotape if indicated
 Estim if indicated

Suggested Exercises: Passive shoulder pendulum
 PROM ER with cane (elbow at side) to 20 degrees only x 12 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 4-12

Edema Control:

Ice/cryocuff
Kinesiotape if indicated
Estim if indicated

*Key** protect the subscapularis repair for 12 weeks

Avoid: ER stretching
IR strengthening
Combined abduction and ER
Educate patient to avoid “reaching behind back and using operative arm to
“push up” from chair when transferring.

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 12 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 12-18

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 18-26

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.

Related Policies: N/A

References: N/A

Reviewers:

A. Key Stakeholders:

- Dr. Andrew Myrtue – Medical Director, Ortho/Rehab Service Line
- Karen Staniels – Director, Ortho/Rehab Service Line & Occ Health

B. Committees: N/A

C. Key Process Owner (KPO): Kristy Cushing – Manager, Rehab Services

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