Total Shoulder Replacement Protocol

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

**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

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