



## Total Shoulder Replacement Protocol

<b>Applicability:</b> Physician Practice	<b>Date Effective:</b> 11/2016
<b>Department:</b> Rehabilitation Services	<b>Date Last Reviewed / or Date Last Revision:</b> 11/2016
<b>Supersedes:</b> Total Shoulder Replacement (Dr. Beattie)	
<b>Administration Approval:</b> 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

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