TOTAL SHOULDER ARTHROPLASTY PROTOCOL

Weeks 1-3
• Allow healing of soft tissue, monitor neurovascular status
• Independent with ADL’s with modifications to protect joint replacement.
• Sling is to be worn full time outside of the home for 2-3 weeks, PRN in the home (may vary by M.D.)
• Sling to be removed 4 times a day to allow the elbow to fully extend and perform HEP.
• When lying in supine, a small pillow or towel roll should be placed under the elbow to position the shoulder in a more functional neutral position.
• Avoid weight bearing to replaced joint, avoid extension beyond neutral, and avoid excessive ER to protect subscapularis repair.
• Begin gentle PROM:
  o Flexion and Abduction to 90°
  o ER to 30-40° with elbow supported on towel roll for scapular plane (do not force ER to protect subscapularis repair)
  o IR to 50° with elbow supported on towel roll for scapular plane
• Exercises
  o Cervical AROM as needed
  o Pendulums/Codman's exercises
  o Submaximal scapular AROM (elevation and retraction)
  o Submaximal shoulder isometrics if pain free (ER/Flexion/Abduction in neutral)
  o Elbow, wrist, and hand AROM (no weight bearing through involved extremity)
• Ice and modalities as needed for pain and swelling

Weeks 3-6
• Continue with elbow, wrist and hand AROM.
• Continue Pendulums/Codman's
• Continue shoulder isometrics in a pain-free range (avoid IR if painful as well as) and
• Progress AAROM/PROM:
  o Flexion to 120°-130°
  o Abduction to 120°
  o ER to 45-60° with elbow supported on towel roll for scapular plane
  o IR to 70° with elbow supported on towel roll for scapular plane
• May progress to rope and pulley at 3-4 weeks postop once 120° in supine flexion is achieved.
• Progress scapular strengthening as long as there is no increase in pain or symptoms.
• Monitor swelling, abnormal pain response, and increased night pain and modify accordingly
• Ice and modalities as needed for pain and swelling

Weeks 6-9
• Progress supine passive range of motion
  o Flexion to 145°
  o ER to 70-80° with shoulder abducted 60-90°
  o IR to 65° with shoulder abducted 45-60°
• Progress scapular exercises, Emphasize scapular stabilization, serratus anterior strengthening
• Begin light resistance exercise with theraband for ER, IR, EXT, ADD and Rows (avoid extension beyond neutral)
• Begin active flexion and scaption to 90° if scapular mechanics are good.
• Begin light biceps resistance as tolerated (hammer curls vs. supinated curls).
• Watch scapulo-humeral rhythm, emphasize concentric/eccentric phases
• May utilize posterior capsular mobilization and/or gentle horizontal adduction stretch with shoulder in 45-80° of flexion to avoid impingement of RC.
• May initiate low level closed chain strengthening below shoulder level (counter shines, ball rolls, etc)
• Ice and modalities as needed for pain.

Weeks 9-12
• Progress strengthening and stretching exercises as tolerated – focus on higher reps and lower resistance with bands/weights.
• Progress range of motion toward normal in all planes, including ER at 90° abduction
• If adequate range is achieved, may begin prone core/scapular stabilization and cuff program. If adequate range is not yet achieved or patient is not comfortable with prone program, initiate with supine Theraband program (start at 90°-100°) and advance as tolerated.
• Multi-angle rhythmic stabilization

Weeks 12-24
• Progress to advanced strengthening program as tolerated
• Begin PNF patterns: limited range → full range, proximal → middle → distal resistance
• Continue CKC on wall → slideboard
• Maximize functional use of UE