

## POST-OPERATIVE REHABILITATION PROTOCOL TOTAL SHOULDER ARTHROPLASTY



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### ***RATIONALE:***

This protocol is designed with the goals of: 1) maximizing the healing potential of the subscapularis repair, 2) restoring pain-free motion, 3) restoring pain-free function. This protocol and the timeframes are not meant to be rigid; it is flexible and can be adjusted based upon an individual's progress with the rehabilitation program,

### **Phase 1 – In-Hospital and POST-SURGICAL (day 0-14)**

#### **GOALS:**

- Allow healing of soft tissue
- Diminish and Minimize pain and inflammation
- Maintain integrity of replaced joint
- Increase passive Range of Motion (ROM) of the shoulder joint
- Restore active ROM of the elbow, wrist, and hand
- Prevent muscular inhibition
- Integrate activities of daily living while incorporating the above precautions.

#### **PRECAUTIONS:**

- NO ACTIVE SHOULDER MOTION
- Sling should be worn at all times for 4 weeks
- After 4 weeks, sling should be worn while sleeping and while out in public, but can be gradually weaned off and removed over weeks 4-6
- While lying supine, a pillow or towel roll should be placed behind the elbow to prevent elbow extension, and thus prevent stress on the subscapularis repair and the anterior soft tissues
- NO lifting of objects > 5 lbs
- NO sudden movements
- NO supporting of body weight / weight bearing

#### **EXERCISES:**

*While in hospital*

- Supine Passive ROM:
  - o Forward Flexion in scapular plane to tolerance (no more than 110)
  - o External Rotation to tolerance (no more than that defined intraoperatively, typically 10 - 20 degrees)
  - o Internal Rotation to the chest
- Assisted ROM of elbow, wrist, fingers; progress to AROM as tolerated.
- Pendulum exercises for ADLs
- Patient education regarding the above precautions
- Patient education to perform the above exercises while at home

*Immediately Upon Discharge*

- Continue above passive exercises (with further re-education of above precautions, and above exercises)
- Begin scapular musculature isometrics (emphasize retraction)
- Continue active elbow, wrist, finger ROM exercises

**PHASE 2 – BEGIN OUTPATIENT THERAPY – PASSIVE MOTION (Weeks 2 – 6)**

GOALS:

- Improve passive ROM
- Promote soft tissue healing
- Avoid stressing healing tissue
- Re-establish dynamic shoulder stability

PRECAUTIONS:

- After 4 weeks, sling should be worn while sleeping and while out in public, but can be gradually weaned off and removed over weeks 4-6
- While lying supine, a pillow or towel roll should be placed behind the elbow to prevent elbow extension, and thus prevent stress on the subscapularis repair and the anterior soft tissues
- NO lifting of objects
- NO sudden movements
- NO supporting of body weight

EXERCISES:

- Gentle glenohumeral and scapulothoracic joint mobilizations as indicated
- Initiate glenohumeral and scapulothoracic rhythmic stabilization
- Continue passive ROM exercises

**PHASE 3 – PROGRESS TO ACTIVE ROM (Weeks 6 – 12)**

GOALS:

- Progress passive ROM towards full
- Begin Active Assist ROM exercises, with progression to Active ROM
- Promote soft tissue healing

- Avoid stressing healing tissue
- Re-establish dynamic shoulder stability

#### PRECAUTIONS:

- Discontinue sling
- While lying supine, a pillow or towel roll should be placed behind the elbow to prevent elbow extension, and thus prevent stress on the subscapularis repair and the anterior soft tissues
- NO lifting of objects > 10 lbs
- NO sudden movements
- NO supporting of body weight

#### EXERCISES:

- glenohumeral and scapulothoracic joint mobilizations as indicated
- glenohumeral and scapulothoracic rhythmic stabilization
- Continue passive ROM exercises; progress as tolerated
- Begin Active Assist ROM exercises; begin with pulley exercises
- Progress from active assist ROM exercises to active as tolerated

### **PHASE 4 – STRENGTHENING (Weeks 12 – beyond)**

#### GOALS:

- Continue to Progress passive ROM towards full
- Progress Active ROM
- Begin Strengthening and progress as tolerated
- Promote soft tissue healing
- Avoid stressing healing tissue
- Re-establish dynamic shoulder stability

#### PRECAUTIONS:

- Begin with 10 lb lifting restrictions; gradually progress limit as patient begins to lift weights in strengthening program
- NO sudden acceleration or deceleration movements
- NO supporting of body weight

#### EXERCISES:

- Continue passive ROM exercises; progress as tolerated
- Continue active ROM exercises; progress to full ROM as tolerated
- Begin progressive strengthening program; start with therabands, then progress to weights/circuits as tolerated/demanded.

### ***Sport Specific Precautions / Limitations / Timeframes***

- **GOLF:**

- 1) may put at 3 months post-op, 2) chips from 10 yards and in at 4 months, 3) start ½ wedge shots at 5 months, gradually lengthen out to full swing by 6 months
  
- **TENNIS:**
- (*Non-Dominant Arm*) 1) may begin volleys and 1 armed ground strokes at 4 months, 2) may begin toss for serve at 4 ½ months
- (*Dominant Arm*): 1) may begin volleys at 4 ½ months, 2) may begin light groundstrokes at 5 months, progress to full strength ground strokes by 6 months. **NO OVERHEADS OR SERVES UNTIL 6 MONTHS POST-OP!**
  
- **THROWING:**
- 1) no overhead throwing until 6 months post-op. Serious throwers begin throwing program at 6 months.