



SHOULDER REHABILITATION GUIDELINES FOR TOTAL SHOULDER REPLACEMENT

Total shoulder replacement is performed for either osteoarthritis or rheumatoid arthritis of the glenohumeral joints. Hemiarthroplasty of the shoulder is performed for fractures of the shoulder or rotator cuff arthropathy. Smoking is discouraged for 6 weeks post-operatively to promote healing.

Stage 1(day 1-4 weeks): The immobilizer stays on at all time when not exercising, usually 4 weeks. Gravity pendulum exercises (5 minutes--4x/day). Place back in immobilizer when not exercising except to shower. Release wrist strap 4x/day x 20 seconds to bend and extend elbow, then reattach. Can passively forward elevate 110 degrees and externally rotate to 30 degrees with arm at the side. Begin gripping exercises with ball or putty. AROM of cervical spine. Cryocuff use encouraged.

___If checked, complex repair (multi-directional instability, complex revision or obesity), then patient must remain in immobilizer 4 weeks, then proceed to stage 2 of protocol.

Stage 2(2-4 weeks): Can wall climb forward and lateral to 110 degrees 4x/day.(or 4-6 weeks if modification if checked above). Can passively or actively externally rotate up to 30 degrees at side and 90 abduction, progressing up to no more than *minus* 10 degrees of ER compared to the other side). Passive horizontal flexion 20 degrees passed straight in front of body. If these motions are achieved: PRE and 1-2 pounds strengthening can be initiated. Shoulder shrugs and ROM retraining, no passive stretching beyond above limits; postural retraining. Can initiate deltoid strengthening, elastic tubing or Theraband or free weights, wall pulleys.

Stage 3(4-8 weeks): Can initiate peri-scapular, deltoid, biceps, triceps strengthening with elastic tubing, free weights, wall pulleys. Do not stretch the last 10 degrees of external rotation or abduction as compared to opposite side; let this come back on its own, but should stretch up to this point(at least 30 degrees). Emphasize posture, scapular stabilization (protraction, retraction, and elevation), and external/internal muscular endurance.

Stage 3(8 weeks-12 weeks): Advance to home program or self directed gym program, teaching PNF patterns, upright rows, shoulder strengthening and endurance. You may monitor this 1-2 x/month and make adjustments. Patient should avoid overhead activities and vibration. Patient may gradually progress up to lifting, pushing, pulling up to 25% of “normal” load.

Stage 4(12 weeks and beyond): Progress on to regular activities within 25% of “normal” lifting, pushing, pulling.”