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## 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 the replaced joint, avoid extension beyond neutral, and avoid excessive ER to protect subscapularis repair.
- Begin gentle PROM:
  - Flexion and Abduction to tolerance
  - ER to 30-40° with elbow supported on towel roll for scapular plane(do not force ER to protect subscapularis repair)
  - IR to 50° with elbow supported on towel roll for scapular plane
- Exercises
  - Pendulums/Codman's exercises
  - Submaximal scapular AROM (elevation and retraction)
  - Submaximal shoulder isometrics if pain free (ER/Flexion/Abduction in neutral)
  - Elbow ROM
  - Wrist and hand AROM-Stress ball or pad that comes with sling
  - Table slides into flexion (no weight bearing through involved extremity)
  - Cervical AROM as needed
- 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)
- Progress AAROM/PROM:
  - Pulleys for elevation into different planes to tolerance (once at least 120° in supine flexion is achieved)
  - ER to 45-60° with elbow supported on towel roll for scapular plane
  - IR to 60° with elbow supported on towel roll for scapular plane
  - Active IR behind back to the gluteal region only.
- Progress scapular strengthening as long as there is no increase in pain or symptoms.

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## **TOTAL SHOULDER ARTHROPLASTY PROTOCOL----page 2**

- 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
  - Flexion and Abduction to tolerance
  - ER to 70-80° with shoulder abducted 90°
  - IR to 70° 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 by performing 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 a prone core/scapular stabilization and cuff program. If adequate range is not yet achieved or the patient is not comfortable with a 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