



THE STONE CLINIC
ORTHOPAEDIC SURGERY, SPORTS MEDICINE AND REHABILITATION
TOTAL SHOULDER REPLACEMENT
Post-Operative Physical Therapy Protocol

General Considerations:

- Use of a sling for 3 weeks post-op unless otherwise indicated.
- No pulley in the first 6 weeks.
- No resistance until 4 ½ months, periscapular strengthening ok.
- Minimize heavy, excessive cyclic loads for the first 6 months.
- Maintenance of good postural positioning when performing all exercises.
- Maintain surgical motion early, but protect subscapularis repair by avoiding internal rotation strengthening for the first 4 months.
- Aerobic conditioning throughout the rehabilitation process with pool and land therapy.
- All active exercises should be carefully monitored to minimize substitution or compensation.
- M.D. follow-ups Day 1, 4 weeks, 3 months, 6 months and 1 year.

Week 1 post-op:

-Nurse visit day 2 to change dressings and review home exercise program with PT.

Manual: -Soft tissue mobilization to surrounding tissues, effleurage for edema.
-Passive range of motion into flexion and external rotation as tolerated to neutral ranges. A/PROM for hand and elbow.

Exercises: -Pendulums, towel slides, elbow flexion and extension, wrist and forearm strengthening. Patient PROM
-Cervical stretches, scapular squeezes, lower trap squeezes.
-It is important to come out of the sling to bend and straighten elbow for 10-15 repetitions each time to minimize arm and hand swelling
-Well-body cardiovascular exercise (stationary bike, elliptical without arms, stairmaster).

Goals:

Decrease pain and edema. Continue sling use.

Passive range of motion flexion to 90 degrees, external rotation to neutral.

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Weeks 2 - 4:

-Nurse visit for stitch removal at Day 14.

Manual:-Continue soft tissue treatments, passive range of motion, scapula glides, light joint mobilizations as tolerated, nerve glides as needed
-Pain control (i.e. cryotherapy, massage, electric stimulation).

Exercises: -Begin isometrics in all planes
-Begin pool exercises for water assisted exercises as tolerated.
-Scapular strength training exercises with theraband.
-General conditioning as tolerated (include trunk flexion & extension exercises).

Goals:

Decrease pain and edema. Continue sling use, but begin weaning from sling to night and out of house as needed at 3 weeks.

Passive range of motion flexion, abduction, internal rotation to 90 degrees.

Active assisted range of motion flexion, abduction to 90 degrees with good mechanics.

Weeks 4 - 6:

-MD visit for one month post surgery.

Manual: -Continue as needed for soft tissue, fascial, and joint mobility, nerve glides as necessary.

Exercise: -Progress scapular strengthening into further protraction-retraction.

Goals:

Continue weaning from sling with slow progression toward normal ADLs.

Full passive range of motion

Weeks 6-12:

-MD visit for 3 month post surgery.

Manual: - Continue as needed for soft tissue, fascial, and joint mobility.

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Exercise: -Begin strengthening against gravity in straight planes with AAROM and AROM from supine, seated to standing. No combined motions. Pulley ok.
-Start external rotation exercises (minimize reps 5-10).

Goals:
Discontinue sling use.

Weeks 12+:

- ▣ Progress to combined movements and
- Initiate sport specific training as tolerated with no pain.
-Continue strengthening, endurance training, and overall fitness.

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