



DR. HENNIGAN

TOTAL SHOULDER ARTHROPLASTY

(Revised 12/22/2020)

Surgery Date:

Comments:

Wound: _____

Edema: _____

Pain: _____

ROM: _____

Other: _____

PROCEDURE GOALS:

- Shoulder pain relief.
- Regain functional AROM (active range of motion) and discourage compensatory movement.
- Regain functional strength in rotator cuff and scapular stabilizer muscles.
- Return to optimal functional/activity level with confidence.
- Establish independence in self-management and performance of HEP (home exercise program).

0-2 WEEKS POSTOP (No formal outpatient therapy):

GOALS:

- Provide a clean, dry dressing for the incision to encourage wound closure without incident.
- Minimize pain and guarding.
- Reinforce precautions and sling use.
- Prevent excessive stiffness.

SLING: Wear sling at all times, except to complete distal AROM.

PRECAUTIONS:

- Pendulum position only for putting arm in sleeve when dressing, taking sling on and off and for axillary hygiene.
- Keep incision clean and dry for two weeks and no whirlpool, jacuzzi, ocean/lake exposure for 2 weeks.
- No passive ER beyond 30 deg or extreme active ER
- No IR behind back (shoulder extension limited to mid axillary line)
 - When supine, keep pillow or towel roll under elbow to avoid extension.
- No active shoulder motion, especially IR to protect subscap repair
- No supporting body weight with involved arm

EXERCISES:

- AROM and PROM to elbow, wrist and hand out of sling 3-5x/day.
- Gentle PROM in forward flexion to 90 degrees and ER to 30 degrees at side
- Scapular squeezes and postural correction

2 WEEKS POST-OP (Start formal therapy):

GOALS:

- Initiate shoulder PROM and ensure that full distal ROM is present.
- Patient independent in performance of functional tasks.
- Protect healing soft tissues.
- Shoulder PROM to achieve by 4 weeks:
 - Flexion: 120°
 - Abduction: 90°
 - ER at 45 degrees abd: 30°

SLING: Continue with sling full time, except for when completing exercises.

PRECAUTIONS:

- No aggressive passive ER, limit to 30° at 45° of ABD
- No active shoulder ROM
- No shoulder extension beyond mid axillary line
 - When supine, keep pillow or towel roll under elbow to avoid extension.
- No supporting body weight with involved arm and no lifting of objects

EXERCISES:

- Instruct in passive pendulum exercises and distal ROM as needed.
- Instruct in scapular retraction/postural correction, shoulder PROM to the above motion restrictions, and scar mobilization.
- May perform Grade I-II mobilizations for pain to the GHJ
- Continue with pendulum position for hygiene/dressing.

4 WEEKS POSTOP:

GOALS:

- Restore full shoulder PROM in all directions except ER – limit ER to 30°
- Initiate AAROM, with emphasis on forward flexion.

SLING: Continue sling when out in public and for sleeping, can be off when at home.

EXERCISES:

- Restore full PROM in all directions except ER (continue to limit to 30 degrees) and IR behind the back
- Initiate shoulder AAROM into flexion, abduction and ER to 30°
 - Continue to be especially protective against active IR to protect subscap repair
- AAROM working toward full range utilizing pulleys, UE ranger, t-bar, table slides, etc.
- May perform Grade I-II mobilizations for pain to the GHJ

6 WEEKS POSTOP:

GOALS:

- Progress with ROM until patient is demonstrating full pain free PROM
- Initiate AROM at the shoulder in all planes and sub-maximal rotator cuff (no IR to continue to protect subscap repair) and deltoid activation
- Patient completing light functional tasks with minimal compensation and pain.

SLING: Discontinue use of sling

PRECAUTIONS:

- **Hold on resistance to IR until 8-9 weeks postop**
- **Hold on aggressive IR behind the back until 8-9 weeks postop**

EXERCISES:

- Initiate shoulder AROM in all planes, flexion, abduction, and ER
- Initiate gentle end range ER stretching
- Initiate submaximal isometrics to rotator cuff (no IR), deltoid, and scapular stabilizers.
- May perform Grade III-IV mobilizations to the GHJ as indicated

8-10 WEEKS POSTOP:

GOALS:

- Progress with ROM until patient is demonstrating full pain free PROM and functional AROM.
- Progress rotator cuff and scapular stabilizer strength
- Return to functional activities.

PRECAUTIONS:

- **Hold on isotonic strengthening to IR**

EXERCISES:

- Initiate pain-free isometrics to IR.
- Progress to isotonic strengthening in all other shoulder planes and scapular stabilizers
- Initiate more aggressive posterior shoulder stretching (IR behind back)
- May perform Grade III-IV mobilizations to the GHJ as indicated

10+ WEEKS POSTOP:

GOALS:

- Progress with ROM until patient is demonstrating full pain free PROM and functional AROM.
- Progress rotator cuff and scapular stabilizer strength
- Return to functional activities.

EXERCISES:

- Initiate pain-free isometrics to IR.
- Progress to isotonic strengthening in all other shoulder planes and scapular stabilizers
- Initiate more aggressive posterior shoulder stretching (IR behind back)
- May perform Grade III-IV mobilizations to the GHJ as indicated

AT DISCHARGE FROM THERAPY:

FUNCTIONAL OUTCOME EXPECTATIONS:

- Pain relief top priority.
- Functional ROM to allow patient to be independent with all self-care and able to do light activities overhead.
- Able to reach back pocket, may be able to reach behind back to mid beltline

LIFETIME RESTRICTIONS:

- No activities that apply compressive force through the shoulder, including bench press and push-ups.
- Overhead lifting restrictions as directed by physician (No weight restrictions when lifting below shoulder height)