



DR. HENNIGAN

TOTAL SHOULDER ARTHROPLASTY

(Revised 5/4/2020)

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.
- Minimize patient's apprehension of moving upper extremity.
- Reinforce precautions.
- Reinforce importance of wearing brace/sling.

SLING: Wear Bregg sling with one abduction wedge 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 reaching behind back (shoulder extension limited to 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:

- 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 ROM and ensure that full distal ROM is present.
- Patient independent in performance of functional tasks with minimal compensation and pain.
- Allow continued healing of soft tissue / do not overstress healing tissue.
- Therapy frequency varies per patient but is typically 1-2 times per week.
- Shoulder PROM to achieve by 4 weeks:
 - Flexion: 120°
 - Abduction: 90°
 - ER at 45 degrees abd: 30°

SLING: Remove abduction wedge from sling. Continue sling full time except for when completing exercises.

PRECAUTIONS:

- No aggressive passive ER, limit to 30° at 45° of ABD (to protect subscapularis-lesser tuberosity osteotomy)
- No reaching behind back (shoulder extension limited to 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 pendulum exercises, scapular retraction/postural correction, shoulder AAROM, PROM as needed, and scar mobilization
- AAROM and PROM within range limitations as stated above utilizing pulleys, UE ranger, t-bar, table slides, etc. Forward elevation often best accomplished if initiated with elbow flexed, and then as the patient improves, progress with elbow in extension.
- 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° unless otherwise specified by physician
- Achieve functional AROM, with emphasis on forward flexion.
- Initiate sub-maximal rotator cuff activation
- Patient completing light functional tasks with minimal compensation and pain.
- Re-establish dynamic shoulder and scapular stability

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)
- May perform Grade III-IV mobilizations to the GHJ as indicated
- Initiate shoulder AROM into flexion, abduction and ER to 30° (**No active IR until 6 weeks**)
- Initiate sub-maximal isometrics in all planes
- Initiate scapular strengthening, closed chain strengthening, and distal extremity strengthening

WEEK 6-12+ 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 advanced functional activities.

SLING: Discontinue use of sling

EXERCISES:

- Initiate end-range sustained ER stretching and IR behind the back as needed
- Initiate isotonic rotator cuff and scapular stabilizer strengthening exercises with use of Thera-Band, hand weights, and maximal isometrics and progress as needed

DISCHARGE FROM THERAPY:

- No restrictions for activities below shoulder height.
- No overhead activity restrictions but ideally limit overhead weightlifting to 15lb. with involved arm.
- Avoid compressive forces like pushups and bench press, lifetime restriction.

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, but not expected or realistic for all patients.

LIFETIME RESTRICTIONS:

- No activities that cause 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)