Partial/Total Shoulder Arthroplasty POST-OPERATIVE PHYSICAL THERAPY PROTOCOL

Diagnosis: Glenohumeral arthritis Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-6: Phase I

Sling Immobilizer: May be d/c'ed on post-op day 1

Exercises: Passive ER to 15 deg and extension to neutral

Passive FF in scapular plane and IR

AROM wrist/elbow Scapular "pinches" Modalities as needed

Perform exercises multiple times each day (HEP)

Advancement Criteria: ER to neutral

FF in scapular plane to 130 deg Minimal pain and inflammation

Weeks 6-10: Phase II

<u>Exercises:</u> Passive & Active assisted FF in scapular plane - no limits (wand exercises, pulleys)

Passive & Active assisted ER (gentle beyond 30 degrees for subscap healing)

Active supine FF in scapular plane

Manual scapular side-lying stabilization exercises

Isometrics: Deltoid in neutral

ER (modified neutral) ROM < 30 deg

IR (modified neutral)

Scapular retraction with elastic bands

Humeral head control exercises:

ER/IR (supine/scapular plane)

Elevation at 100 deg

Modalities as needed

Advancement Criteria: FF to 150 deg

ER to 45 deg

Good humeral head control

Minimal to no pain with ADLs

Weeks 10-16: Phase III

Exercises: Progress ROM as tolerated

AAROM for full FF and ER AAROM for IR - no limits

Flexibility exercises: towel stretch, posterior capsule stretch

IR/ER/FF isotonic strengthening

Scapular stabilization Rhythmic stabilization

PREs for scapula, elbow (biceps/triceps)

Forward flexion in scapular plane

Progressive resistive equipment: row, chest press (light weight)

Modalities as needed

Advancement Criteria: Muscle strength 4/5

Passive FF 160 deg, ER>45 deg

Restore normal scapulohumeral rhythm <90 deg elevation

Minimal pain and inflammation

Weeks 16-22: Phase IV

Exercises: Access and address any remaining deficits in ROM, flexibility, strength

Active, active-assisted, and passive ROM exercises

Flexibility exercises: towel stretch (IR), posterior capsule stretch

Progressive resistive strengthening:

Dumbbells

Progressive resistive equipment Elastic band IR/ER (modified neurtral)

Rhythmic stabilization Modalities as needed

Individualize program to meet specific needs of patient

Discharge Criteria: Maximize ROM

Full independent ADLs

Normal scapulohumeral rhythm >100 deg elevation

Independent HEP