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# PHYSICAL THERAPY PROTOCOL: Total Shoulder and Hemiarthroplasty

Name:	Date of Surgery:
Diagnosis:	Signed:

# Frequency: 2-3 times per week x 12 weeks

### In Hospital:

- PROM: supine FF as tolerated, ER in scapular plane to 15 degrees, IR abdomen, no shoulder extension
- AROM: elbow, wrist, hand
- Pendulums
- Nothing heavier than coffee cup
- Education on proper sling use and how to DON/DOFF sling, joint protection
- Wear sling at night and in public, may come out of sling at home if elbow is supported
- Will wear sling until 4 weeks, then comfort only, d/c by 6 weeks
- Towel behind elbow/arm when supine to prevent extension
- No pushing off bed/chair with operative arm at any time

## Phase $1 \rightarrow 1-2$ Weeks Post-Op

\*\*Heat before PT, ice after PT sessions\*\*

#### Range of Motion:

- PROM: gradual PROM (limit FF and abd to 90) → progress to AAROM as tolerated
  - o Pulleys for flexion and abduction, do not exceed 90 degrees PROM
  - No active IR for 6 weeks. The subscapularis tendon is taken down for the surgery and then repaired afterwards. It takes about 4-6 weeks for it to grown back into the humerus and regenerate a blood and nerve supply
  - No resisted internal rotation/backward extension until 12 weeks

#### Exercises:

- Begin sub-maximal, pain free shoulder isometrics in neutral
- scapular musculature isometrics

<u>Criteria for next phase:</u> Tolerates PROM, PROM 90 FF/ 90 abd/ 45 ER in scapular plane/ 50 IR in scapular plane, able to isometrically activate all shoulder, rotator cuff, and upper back muscles

# Phase $2 \rightarrow 3-6$ Weeks Post-Op

- -Wean from sling at 4 weeks, may wear for comfort until 6 weeks, then completely d/c at 6 weeks Range of Motion:
- AAROM with passive stretch to full ROM (push to full ROM, hold/relax technique)
- Supine → seated FF, ER, IR gradual increase to full
- Begin assisted horizontal adduction

#### **Exercises:**

- Pendulums for warmup
- Scapular mobilization/strengthening
- Isometrics for rotator cuff and periscapular muscles

- No lifting/pushing/pulling greater than coffee cup

<u>Goals:</u> wean from sling completely, gradual restore full PROM, gradual restore AROM, re-establish dynamic shoulder stability

<u>Criteria for next phase:</u> Tolerates P/AAROM and isometric program, PROM 140FF, PROM 120 abd, PROM 60 ER, PROM 50 IR in plane of scapula, AROM 100 forward elevation with good mechanics

# Phase $3 \rightarrow 7-12$ Weeks Post-Op

## Range of Motion:

- Progress phase 2 until full motion in FF, ER, IR, abd
- Gradual progression IR behind back from AAROM to AROM, avoid stress on anterior capsule Exercises:
- Pendulums for warmup, progress phase 2
- Standing forward punch
- Rows
- Biceps curls
- Periscapular strengthening
- No lifting/pushing/pulling greater than 5lbs
- 10-12 weeks okay to slowly add theraband for FF, Abd, ER

<u>Goals:</u> Gradual restore strength/endurance, neuromuscular control, increase functional activities <u>Criteria for next phase:</u> Tolerates AA/AROM, AROM 140 FF supine, AROM abd 120 supine, AROM 60 ER in plane of scapula, AROM 70 IR in plane of scapula, AROM against gravity to 120 with good mechanics

## Phase 4→ >12weeks Post-op

- Home exercises program with gradual progression in strengthening
- Maintain full painless AROM
- Maximize use of upper extremity
- Maximize strength and endurance

**4-6 months:** Return to recreational hobbies (golf, tennis, etc)