



SHOULDER ARTHROPLASTY

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Shoulder arthroplasty is performed to improve function, increase active range of motion and reduce shoulder pain. The following is a **guideline** for the progression of post-operative treatment; the timing of each milestone may be advanced or held by the operating surgeon based on the procedure performed, the quality of the tissue and the individual patient. **Accelerating rehabilitation for “fast healers” may inhibit results and lead to recurrent problems or complications.**

GENERAL INFORMATION

- Time required for full recovery is **9–12 months**
- Accelerating rehabilitation for “fast healers” may inhibit results and lead to recurrent problems or complications
- Patients may never regain full, normal motion, but should be encouraged to reach their maximal level of function

PRECAUTIONS — SUBSCAPULARIS REPAIR

In this procedure the **subscapularis is detached** for exposure of the glenohumeral joint and reattached at the end of the case. This reattachment must be protected for **6 weeks**. During this time, strengthening activities involving internal and external rotation must be avoided.

WEEKS 0–2

PROTECT

PROM and AAROM only

WEEKS 4–6

ACTIVE MOTION

AROM, ER limited

WEEKS 8–12

STRENGTHEN

Low resistance, high reps

WEEKS 16–24

RETURN

Activity as tolerated

IMMOBILIZATION

SLING

- Sling at all times**, except for hygiene and physical therapy
- Weeks 0–1:** out of the sling only for hygiene and pendulums
- Begin coming out of the sling at home at **4 weeks** to wean gradually
- The sling may be **discontinued at 6 weeks**

PATIENT EDUCATION

FIRST POST-OP VISIT

- No active shoulder motion for 4 weeks**, all planes
- No active internal rotation for 6 weeks**
- Sling use as directed by the physician
- Keep the wound dry
- Ice 3 times per day for 20 minutes

FIRST POST-OP VISIT

WOUND INSPECTION & EDUCATION

- Pendulum exercise without weight:** clockwise, counterclockwise, side-to-side, front and back
- AAROM to patient tolerance** with cane and/or table slides: flexion, abduction, and external rotation **to 20° only** or as directed by the physician
- AROM:** elbow flexion and extension; wrist flexion, extension, supination and pronation; shrugs and retractions
- Ice · modalities PRN

1 WEEK POST-OP

WOUND CHECK

- If the wound is sealed it is okay to shower, but not to soak
- Pendulum exercise · AAROM to tolerance with cane
- Isometrics:** flexion / extension, abduction, external rotation
- Progressive resistive exercise:** shoulder shrugs, prone scapular retraction, wrist supination / pronation, triceps and shoulder extension, gripping, wrist flexion / extension
- Ice · modalities PRN

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2 WEEKS POST-OP

SUTURES OUT

- ◆ **AAROM:** UBE forward and reverse; with cane, progressing to finger ladder, wall climbs and pulley system; pulleys for the home exercise program
- ◆ Pendulum exercise **with light weight**
- ◆ Isometrics and progressive resistive exercise as previous
- ◆ Ice · modalities PRN

6 WEEKS POST-OP

DISCONTINUE SLING

- ◆ **AROM all planes** — **limit ER to 45°**
- ◆ UBE forward and reverse, and standing off to the side clockwise and counterclockwise
- ◆ **Add:** shoulder IR / ER with low-resistance Theraband (limit ER to 45°); wall push-up plus with the hand in neutral; rhythmic stabilization
- ◆ **Body Blade:** one-handed grip in neutral, two-handed grip in front, opposite-hand diagonal pattern
- ◆ Grade I/II glenohumeral joint mobilization as indicated · ice · modalities PRN

10 WEEKS POST-OP

PROGRESS LOAD

- ◆ Full PROM with ER to 60°; continue stretching into forward elevation, abduction, IR and ER
- ◆ **Add:** kneeling push-up; step-up push-up in the quadruped position
- ◆ Plyoball diagonal patterns
- ◆ **Fitter:** side-to-side, front and back
- ◆ Progress weight and range of motion as tolerated with closed- and open-chain exercise and proprioceptive activities
- ◆ Glenohumeral joint mobilization as indicated · ice · modalities PRN

16 WEEKS POST-OP

RELEASED TO ACTIVITY

- ◆ Should have full AROM with **ER to 75°**; continue passive stretch to achieve full ROM
- ◆ Continue the exercise program, progressing weight and endurance as tolerated
- ◆ Grade I/II glenohumeral joint mobilization as indicated · ice · modalities PRN
- ◆ **Released to perform activities as tolerated**

4 WEEKS POST-OP

BEGIN AROM

- ◆ Scar mobility
- ◆ **AROM all planes** — **limit ER to 30°** or as directed by the physician
- ◆ UBE forward and reverse
- ◆ **Add:** serratus punch, supine, without weight
- ◆ Ice · modalities PRN

8 WEEKS POST-OP

FULL PROM

- ◆ Full PROM with **ER to 60°**; advance to full AROM (ER 60°); stretching in forward elevation may be added if lacking
- ◆ **Add low resistance / high repetition:** flexion, supraspinatus (limit to 70°), scapular retraction, abduction, prone fly, prone extension
- ◆ Wall push-up plus, hands in neutral position
- ◆ **Body Blade:** one-handed grip in abduction to 90°; two-handed grip in flexion to 90°
- ◆ **Plyoball:** circles and squares, clockwise and counterclockwise, 1 minute each direction
- ◆ Grade I/II glenohumeral joint mobilization as indicated · ice · modalities PRN

12 WEEKS POST-OP

FULL AROM EXPECTED

- ◆ Should have full AROM with ER to 60°; if not, begin passive stretch to achieve full ROM into forward elevation, abduction, IR and ER
- ◆ **Add:** Body Blade diagonals, progressing to single-leg stance; push-up plus in the push-up position; step-ups in the push-up position
- ◆ Glenohumeral joint mobilization as indicated · ice · modalities PRN

24 WEEKS POST-OP

- ◆ Progression to **full activity as directed by the physician**
- ◆ Full recovery from shoulder arthroplasty typically takes **9–12 months**

Adapted from the Shoulder Arthroplasty Protocol, MedSport, Ann Arbor, Michigan, with the sling regimen modified per surgeon direction. The dental antibiotic prophylaxis advisory statement appended to the source document (ADA / AAOS, 2003) has been omitted; that guidance has since been revised and should be taken from current ADA and AAOS recommendations.

PROUD MEDICAL TEAM FOR



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— QUESTIONS ABOUT YOUR **RECOVERY?**

Call the office with any question about your protocol, your brace or sling, or your incision. Bring this handout with you to every post-operative visit.

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CLINIC LOCATIONS

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