Total Shoulder Replacement

Goals Guidelines:

Maximize ROM while protecting subscapularis repair. Once ROM is lost, it is very hard to get it back while strengthening can be done at any point. The first phase of therapy is **6 weeks** and is focused on **active assisted ROM** exercises only**.** During this time the patient may work on scapular protraction and retraction for strengthening but no strengthening exercises for deltoid or rotator cuff (RC). The patient is allowed to use the operative arm for waist level and midline activities such as personal hygiene care but is to do no lifting, pushing or pulling with the arm. Shoulder immobilizer only needs to be worn when outside the home for the first six weeks. If the patient feels more comfortable with the sling, then he/she may wear it at home as well but it is not necessary. For the first couple weeks, most patients are more comfortable sleeping in their sling and a recliner but they may move to a bed when comfortable. While sleeping in bed the patient is to place a pillow or a stack of blankets under the elbow and arm of the operative extremity in order to have the arm/shoulder in the plane of the body (extension of the shoulder is both painful and stresses the repair). Therapists should teach patient how to perform proper axillary hygiene by bending over at the waist (like doing pendulum exercises). The second phase of therapy is about 2 months and focuses on continued stretching (which can be more aggressive) and strengthening. The strengthening starts slowly and progresses to functional exercises. Whether using bands or weights, the strengthening should not be painful and focus on a resistance with which the patient can perform 10-15 reps comfortably. Most patients are able to play a round of golf at 4 months postop and are released to more aggressive activities at that point but improvements in strength and function continue for up to 2 years.

0 – 6 Weeks

- Immediately start Pendulums, Elbow and Hand ROM.Supine Active Assisted Forward Elevation (SAAFE), and External Rotation With Stick.

  It is imperative that the patient understands the exercises and are able

to demonstrate that they can perform the exercises, as they are responsible for performing these at home. Stretching exercises should be performed 1 time per day.

- External rotation should be limited to 30 degrees for the first 4 weeks and then progressed out to 60 degrees.

6 – 8 Weeks

- Start AAROM with Home Pulley
- Start IR, ER and abduction isometric strengthening exercises. Start very slowly on the IR isometrics.
- Start Supine Active Forward Elevation (SAFE) exercises.
- Start Functional Internal Rotation using a towel or belt to pull the operative arm up behind the back.
- DC sling at 6 weeks

8 – 12 Weeks

- Should strive for FROM at this point. If not continue more aggressive stretching, including Wall Slide into Scaption, Alternate Internal Rotation Stretch, External Rotation at the doorway. Performing all forms of posterior capsule stretching exercises are appropriate.

- Start Standing Overhead Reach and 4 Way Shoulder Rubber-Band strengthening and Active Range of Motion in upright position. Make sure that the patient is not developing substitution patterns with active ROM. If the patient is developing these patterns then try Wedge Assisted Active Forward Elevation (WAFE). WAFE and stretching exercises should be performed on a daily basis and strengthening only every other day at most.

12 – 16 Weeks

- Teach continued home program for deltoid Active Range of Motion and RC strength maintenance
- Work on neuromuscular control
- Teach specific exercises and proper mechanics for specific sport such as golf, racket sports, fishing or a vocation. Throwing exercises such as concentric and eccentric resisted throwing with bands and throwers ten exercises can be started now.

16 Weeks

- Return to unrestricted activity. Impress upon the patient that heavy lifting and other weight bearing activities can lead to loosening and accelerated polyethylene/glenoid wear and thus should be avoided.