IDAHO SPORTS MEDICINE INSTITUTE

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TOTAL SHOULDER, REVERSE TOTAL SHOULDER, AND HEMI-ARTHROPLASTY PROTOCOL

*** Surgical protocols are only intended to be guidelines which must be tailored to meet the specific needs of each patient.**

Rehab progression summary:

Weeks 0-2	PROM/immobilization: sling x 4 weeks.
Weeks 2-4	AAROM
Weeks 4-10	AROM
Weeks 10-16	Strength (hold IR and flexion until 12 weeks)
Months 4-6	Strength progression and sport specific exercise
Months 6-9	(Return to activity/sport)

Weeks 0-2 (PROM) 1st therapy session at 2 weeks post-op
Goals:

1. Well healed wounds
2. Pain control
3. Increase motion by 15 to 30 degrees each plane of motion (within ROM limits)

Treatment Strategies:

1. PROM exercises at home within ROM guidelines
2. Gradual progression to AAROM by therapist as patient progress allows
3. Scapular mobility (Scapular retraction, elevation, depression)
4. Joint mobilizations Gr I-III
5. Limit ER to 20 degrees, forward flexion as tolerated

Patient education:

1. NO ACTIVE MOVEMENT
2. Sling at all times except to shower and do exercises weeks 0-4

Weeks 2-4 (AAROM)
Goals:

1. Begin light activation of rotator cuff muscles
2. Continue to improve ROM in all planes
3. Done within pain tolerance
4. Out of sling by week 5

Treatment strategies:

1. AAROM at home within ROM guidelines
2. Joint mobilization Gr I-III
3. Scapular mobility (Scapular retraction, elevation, depression)
4. Gradual progression to AROM by therapist as patient progress allows
5. Begin weaning out of sling weeks 4-5, wear in public until week 6
6. Limit ER to 30 degrees, forward flexion as tolerated
7. Submaximal isometrics in all planes except IR and flexion

Weeks 4-10 (AROM)

Goals:

1. Control scapular substitution with movement
2. Passive ROM approaching normal values
3. AROM with good scapulo-humeral rhythm

Treatment Strategies:

1. AAROM as needed to gain mobility and strength
2. Begin AROM with emphasis on scapular rhythm
3. Sub-maximal isometrics (hold IR and flexion until 6 weeks)
4. Rhythmic stabilization
5. Scapular stabilization progression

Weeks 10-16 (Strengthening)

Goals:

1. Range of motion within normal limits
2. Active range of motion with normal scapulo-humeral rhythm

Treatment Strategies:

1. Continue range of motion work until within normal limits
2. Begin early progressive resistance exercise. Progression as determined by therapist
3. Caution with long lever arm exercises
4. No strengthening IR or flexion until 12 weeks post op

Months 4-6 (Strength Progression)

Goals:

1. Strength with ADL's approaching normal.
2. Progressive return to throwing.

Treatment strategies:

1. Continue progression of rotator cuff PRE's
2. Begin general upper body strengthening exercise
3. Begin pre-throwing and throwing progression for throwing athletes.

Months 6-9 (Return to Activity / Sport)

Goals:

1. Return to all work and sport activities

Treatment strategies:

1. Gradual return to activity
2. Continue HEP for rotator cuff and general upper body strengthening
3. Isokinetic evaluation as determined by therapist / physician