



## **Post-operative protocol: Anatomic shoulder replacement**

*Will decide whether or not physical therapy is necessary at 6 weeks*

### **PHASE I: Protected subscapularis repair (6 weeks)**

- Sling should be in place when not performing exercises.
- Avoid all active and active assistive exercises until cleared by the surgeon. This includes pulley exercises, wand and supine assisted exercises.
- Initiate exercise program 3 times per day:
  - Immediate elbow, forearm and hand range of motion out of sling
  - Pendulum exercises
  - Supine assisted forward elevation to 150deg
- The patient should AVOID the following motions:
  - **Do not reach behind the back to pull up pants, perform toileting, etc. with the surgical arm until 6 weeks.**
  - **Do not put weight through the surgical arm, such as pushing up from a chair or lifting anything over 5 pounds.**
  - **Do not externally rotate beyond the “handshake position”**
  - **Do not perform active internal rotation, i.e. closing a door**

### **PHASE II: Progressive ROM (6 to 12 weeks)**

- May discontinue sling.
- Lifting restriction of 5 pounds should be reinforced with patient.
- Start AAROM and AROM – includes pulleys, wand and supine gravity assisted exercises.
- Isolate and strengthen scapular stabilizers.
- Progress PROM and terminal capsular stretching of the shoulder as needed.
- The patient should AVOID the following motions:
  - **Do not put weight through the surgical arm, such as pushing up from a chair or lifting anything over 5 pounds.**

### **PHASE III: (>12 weeks)**

- May start deltoid strengthening at 12 weeks. Continue to emphasize scapular stabilizers.
- May start internal rotation movements.
- Equate active and passive range of motion. Encourage scapulohumeral mechanics during active shoulder motion.
- Simulate work/recreational activities as rotator cuff strength and endurance improve at 3 months.