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ANATOMIC TOTAL SHOULDER POSTOPERATIVE REHABILITATION PROTOCOL

Phase I: 0-6 Weeks—**Passive Motion Only**

Goals:

- PROM – 130 degrees of flexion, ER of 30 by the end of week 6
 - **Do NOT try to go above these limits until after week 6**
 - **No abduction**
- Decrease pain, Decrease muscle atrophy, Educate regarding joint protection
- Provide the patient with instructions for home exercises (last pages) 5 x per day

Precautions:

- Sling with abduction pillow at all times, removed only for 5x/day exercises, showering, and dressing
- Ok to perform waist level activities WITH ELBOW AT SIDE in front of the body
 - Typing, eating utensils, combing hair and washing face with elbow at side
 - No lifting, reaching or pulling heavier than coffee cup with elbow at side

Teaching:

- Emphasize home, supine, passive well-arm assisted PROM (FF and ER as above)
- Instruct in regular icing techniques or cold therapy device (use as much as possible out of 24 hours for 8-10 days)
- Ice packs for 20 - 30 minutes intervals, especially at the end of an exercise session
- Monitor for edema in forearm, hand, or finger

Exercises:

- Pendulum exercises
 - *With the arm hanging, the patient gently swings the hand forward and backward, then side-to-side, and then clockwise and counterclockwise*
- Passive, supine well-arm assisted forward flexion, in front of the plane of the scapula as pain allows per safe zone above (140/40 or 130/30)
- Active scapular retraction, elevation in sitting or standing
- Active elbow, wrist, hand ROM - Grasping and gripping lightweight objects

Phase II: Weeks 6-12—Active Range of Motion

Goals:

- Full range of motion by end of week 10. After 6 week physician visit, patient and therapist can move beyond the safe zones as pain allows.
- Emphasis should on range of motion before strengthening.
- Improve strength, Decrease pain, Increase functional activities, Scapular stabilization

Precautions:

- No sling use
- No resisted internal rotation until 10 weeks post-op

Teaching:

- Encourage continued stretching at home. Limited only by pain
- Ice after exercise.

Exercises:

- Encourage patient to use smooth, natural movement patterns
 - Continue to work on Passive ROM as in Phase I
 - Begin AROM and AAROM (using a cane), progressively, to full range of motion
 - Assisted forward flexion supine using uninvolved arm to assist - progressing to active motion in a reclined position and then to sitting
 - Side lying ER against gravity
 - Encourage normal scapular mechanics with active motion
 - Add Theraband exercises or light dumbbell weights (2lbs) for flexion, extension, external rotation
 - Scapulothoracic strengthening (prone extension, prone T, etc.)
 - Aquatic therapy, if available, can begin no earlier than 1 month post op if wound is completely healed.
 - o Week 1-6: Stay within established safe zone listed above. Passive motion only
 - o Week 6 +: Shoulder fully submerged – slow, active motions for flexion, elevation, ER/IR and horizontal abduction/adduction out to scapular plane, range of motion limited by pain only.
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Phase III: Weeks 12+—Strengthening

Goals:

- If acceptable motion has been achieved (>160 FF, >60 ER, IR T12 or above), then Maximize strength—otherwise continue with stretching program
- Improve neuromuscular control
- Increase functional activities

Precautions:

- No sudden, forceful resisted IR (e.g. golfing, wood splitting, swimming) until >3 months post-op

Teaching:

- Continue home stretching minimum 1x per day to maintain full range of motion

Exercises:

- Continue to increase difficulty of theraband and dumbbell exercises as tolerated
- Increase resistance exercises – must be light enough weight that >20 reps are achieved per set
- Continue aerobic training as tolerated, and modalities as appropriate
- Continue to progress home program