



PROCEDURE: ANATOMIC TOTAL SHOULDER REPLACEMENT

***Please note:** This document is intended to provide guidelines for the postoperative rehabilitation of a patient who had undergone an anatomic total shoulder replacement. The presence of other surgery such as a rotator cuff tendon transfer would require a different rehabilitation protocol. The intent of this protocol is to not to supplant the decision making of the clinician, but to suggest a structure and progression of rehabilitation. When available, please refer to the operative note for further subtleties of the anticipated postoperative rehabilitation.*

If the clinician requires assistance in the progression of a postoperative patient, please contact Dr. O'Donnell's office.

SUMMARY:

- **Remain in shoulder immobilizer for 4 weeks with wrist and finger ROM**
- **PROM of the elbow only for the first 2 weeks to protect the biceps tenodesis, then AROM can be started at week 3**
- **NO SHOULDER ROM for the first 4 weeks postoperatively.**
- **After 4 weeks, PROM and AROM of the shoulder is started.**
- **After 8 weeks, strengthening of the shoulder can begin.**

PHASE I – PROTECTION OF SURGICAL REPAIR (Weeks 1-4):

Goals:

- Protect the surgical repair
- Diminish pain and inflammation
- Enhance scapular function

Precautions:

- Remain in sling, only removing for showering and elbow/wrist ROM
- Patient education regarding sling use and pushing off with the operative arm
- No Passive Range of Motion (PROM)/Active Range of Motion (AROM) of shoulder
- No lifting of objects with operative shoulder or arm
- Keep incisions clean and dry

Weeks 1-4:

- NO SHOULDER RANGE OF MOTION
- Sling at all times except where indicated above
- AROM/PROM of the wrist and hand only
- PROM of the elbow until week 3, then AROM can begin
- Normalize scapular position, mobility, and stability
- Ball squeezes
- Sleep in sling supporting operative shoulder
- Shower with arm held at your side
- Cryotherapy for pain and inflammation
- Patient education: posture, joint protection, positioning, hygiene, etc.

PHASE II – SHOULDER MOTION REINTRODUCTION (Weeks 4-8):

Goals:

- Begin PROM and AROM
- Independence with ADL's
- Do not overstress healing tissue
- Enhance strength and endurance
- Wean from sling

Precautions:

- Wean from Sling
- No aggressive ROM / stretching
- No lifting with affected arm
- No strengthening activities

Weeks 4-8:

- Continue use of sling until week 4
- Gentle pendulums can be started at week 4
- PROM (gentle), unless otherwise noted by surgeon
- Begin AROM of shoulder ○ Progress to full AROM in gravity resisted positions
- Scapular retractor strengthening
- Begin gentle isotonic and rhythmic stabilization techniques for rotator cuff musculature strengthening (open and closed chain)
- Continue cryotherapy as necessary

PHASE III – EARLY SHOULDER STRENGTHENING (Week 9-16)

Goals:

- Continue to improve motion by stretching program.
- Start with strengthening first with elastic bands then light weights.
- Improved return to many activities (no sports).

Precautions:

- Avoid heavy lifting (no objects over 5lbs)
- Avoid sudden lifting, pushing, or jerking motions

PHASE III – ADVANCED SHOULDER STRENGTHENING (Weeks 17-23)

Goals:

- Continue maintenance or recovery of non-painful AROM of the shoulder
- Advance conditioning exercises
- Gradual return to skill sports such as tennis, golf, swimming

PHASE IV – RETURN TO FULL ACTIVITY (6 months)

Goals:

- Gradual return to recreational activities including sports
- Continue strengthening
- Continue stretching

Precautions:

- Avoid impact loads (e.g. heavy carpentry work, chopping wood, etc.)
- Avoid situations at risk for falling such as skiing.

Criteria to return to sports and recreational activities:

- **Surgeon clearance**
- Pain free shoulder function without signs of instability
- Restoration of adequate ROM for desired activity
- Strength similar to the contralateral shoulder (by hand-held dynamometry).



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