

## Total Shoulder Arthroplasty Rehabilitation Framework

### General Rehabilitation Philosophy:

I want patients to focus on learning a home program that they can use on a daily basis. I view the therapist's role as one of physically helping the patient with ROM/stretching in the early phases, and providing instruction, support, and feedback in the later phases. Wherever possible, please use CKC exercises, plyometrics, etc., and avoid OKC activities.

I am not a fan of modalities, massage, etc., which I view as an expensive and temporary relief measure. I will need a good, objective reason to recommend these other than in the early, acute phase.

Insurance companies monitor the number of patient visits authorized by physicians. For this reason, I appreciate (and will therefore refer more patients to) therapists who minimize the number of patient visits required to achieve our goals. I will often stop therapy abruptly – this is not a reflection on you, but rather that I am trying a new care plan.

I encourage any physical therapist taking care of my patients to please call me with any questions regarding their care.

Weeks 1-6 Post-op (early healing)	
1	Rest, immobilize early on to protect wound, decrease inflammation
2	Ice, Analgesics, NSAIDS
3	Immobilizer/Sling mostly full time for first three weeks (off for bathing, sitting ok)

4	Begin exercises
	A. AROM wrist, hand, elbow tid
	B. Stage 1 Exercises (Passive and assisted ROM)
	Week 1: <ul style="list-style-type: none"> <li>• Pendulum/Codmans</li> <li>• Passive supine FF</li> <li>• Assisted supine FF</li> <li>• Assisted supine ER to neutral</li> <li>• Assisted extension</li> <li>• No active IR yet</li> </ul> Weeks 2-3: all week 1 plus <ul style="list-style-type: none"> <li>• Assisted supine ER to 15 degrees</li> <li>• Assisted supine abduction/adduction in plane of scapula</li> <li>• When arm can be brought (supine) to 90 degrees of abduction, begin gentle assisted ER from this position</li> <li>• Add cane, pulleys, wall finger walk as able</li> <li>• Isometrics: ER, gentle IR (protect subscap repair), post/mid deltoid</li> </ul>
	C) Stage 2: AROM
	Week 4 (sling now at night and prn only) <ul style="list-style-type: none"> <li>• Add active supine FF with elbow flexed</li> <li>• Active FF raising arm from table top</li> <li>• Gradual increase of activities from supine to vertical position</li> <li>• Progress to active standing FF, Abd, Add, ER</li> <li>• Still avoid active or assisted IR</li> <li>• ER stretch to 30 degrees (or as tolerated)</li> </ul> Weeks 5-6 <ul style="list-style-type: none"> <li>• Add Theraband and light resistive exercises for FF, Ext, ER, Abd</li> <li>• Increase AROM exercises</li> <li>• Begin assisted IR</li> </ul>

Weeks 7-12 post op (maximize ROM and strength)	
1	Add active IR, begin PREs all planes, home cuff/girdle strengthening
2	Begin working on maximal ER stretch to tolerance
3	Stop sling use altogether
4	More home ADL use, avoid lifting >10 lbs. For first three months post-op.