

Total Shoulder/ Hemiarthroplasty Physical Therapy Protocol

Phase I

Passive range of motion ER and FE

Be careful with ER as many patients have had subscapularus lengthening

Pendulum exercises

Modalities such as Ice and Heat

Abduction to 90° by the therapist may be added in late Phase I

No internal rotation until Phase II

Active elbow flexion/ extension

Shoulder shrugs

Patients should be in sling and swathe when sleeping or in public

Patients may start Phase II at 4-6 weeks post-op

Check RX as to when to institute Phase II

Phase II

Active assisted range of motion ER, FE, IR and abduction in the scapular plane

Begin supine until comfortable and good ROM then work seated

Modalities

Exercise should not all be introduced at one time

Patients may come out of sling and swathe except when out in crowded areas (malls)

This continues until the 6 week post-op mark

NO PRE's or isometric exercises

Late Phase II may add some scapular stabilization

If patient is doing well after 4 weeks, they may work on their own until follow up

If not fax new RX to the office for signature

Patients should have follow up in office about 8 weeks post-op

If possible send progress note **with** patient for follow up appointment

Please see reverse side for continuation

Phase III

Progressive resistive exercises with theraband and machines

ER, IR, FE, and Extension

Seated and standing rows

Scapular stabilization exercises (supraspinatus exercises)

Patient should continue to work on ROM exercises

Keep weights low and increase reps

Patients should have follow up at 4-5 months post-op

Send progress note at 4 weeks with new RX to continue

Send progress note **with** patient for follow up appointment

Notes

PATIENTS MAY NOT GET MUCH MORE MOTION THAN PRE-OP STATUS

Shoulder replacement is done for pain relief no to gain ROM

If you have questions please call our office

If at any time the patient has an increase in pain with exercise stop exercises for several days
and then begin slowly.