

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

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.