TOTAL SHOULDER AND HEMIARTHROPLASTY PHYSICAL THERAPY PROTOCOL

Name______________________________________________________________ Date_____________

Diagnosis  s/p RIGHT/LEFT Total Shoulder Arthroplasty  Hemiarthroplasty

Date of Surgery_________________________

Frequency: _______ times/week Duration: _______ Weeks

Week 0-1: Patient to do Home Exercises give post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

____ Weeks 1-6:
Sling for 6 weeks
PROM➔AAROM➔AROM as tolerated, except . . .
No active IR/backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and then repaired afterwards. It takes about 4-6 weeks for it to grown back into the humerus and regenerate a blood and nerve supply.
ROM goals: Week 1: 90° FF/20° ER at side; ABD max 75° without rotation
ROM goals: Week 2: 120° FF/40° ER at side; ABD max 75° without rotation
No resisted internal rotation/backward extension until 12 weeks post-op
Grip strengthening OK  Canes/pulleys OK if advancing from PROM

____ Weeks 6-12:
Begin AAROM➔AROM for internal rotation and backwards extension as tolerated, if not already begun.
Goals: Increase ROM as tolerated with gentle passive stretching at end ranges
Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only
No resisted internal rotation/backwards extension until 12 weeks post-op
No scapular retractions with bands yet

____ Months 3-12:
Begin resisted IR/BE (isometrics/bands): isometrics➔light bands➔weights
Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid, and scapular stabilizers
Increase ROM to full with passive stretching at end ranges
Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks

____ Functional Capacity Evaluation ______ Work Hardening/Work Conditioning ______ Teach HEP

Modalities
____ Electric Stimulation  ____ Ultrasound  ____ Iontophoresis  ____ Phonophoresis  ____ TENS  ____ Heat
before ___Ice after ___ Trigger points massage ___ Therapist’s discretion

Signature__________________________________________ Date__________________