



# Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

## TOTAL SHOULDER AND HEMIARTHROPLASTY PT PROTOCOL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Surgery \_\_\_\_\_

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 Weeks

### Weeks 0-1:

- Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

### Weeks 1-6:

- Sling for 4 weeks. Abduction pillow can be discontinued after 2 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
- Heat before PT, ice after PT

### 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/l 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.

### Comments:

\_\_\_ Functional Capacity Evaluation \_\_\_ Work Hardening/Work Conditioning \_\_\_ Teach HEP



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**Modalities:**

- Electric Stimulation
- Ultrasound
- Iontophoresis
- Phonophoresis
- TENS
- Heat before/after
- Ice before/after
- Trigger points massage
- Therapist's discretion
- Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_