



Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

TOTAL SHOULDER AND HEMIARTHROPLASTY 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 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
- 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

Modalities:

___ Electric Stimulation ___ Ultrasound ___ Iontophoresis ___ Phonophoresis
___ TENS ___ Heat before/after ___ Ice before/after ___ Trigger points massage
___ Therapist's discretion
___ Other _____

Signature: _____ **Date:** _____