

Total Shoulder Arthroplasty or Hemiarthroplasty Rehab Guidelines



Procedure:

- Subscapularis tendon is taken down and repaired during the surgery.
- If a hemiarthroplasty is performed the humeral head is removed, the stem is placed and may be cemented into the bone, and then the metal ball is secured to the new stem. If the shoulder has been fractured then the tuberosities are fixed to the new stem and the bone around it.
- When both the humeral head and glenoid are worn, the same procedure is performed plus a plastic cup is cemented into the glenoid fossa making it a total shoulder arthroplasty.

Precautions:

- Arm in sling or immobilizer for 4 - 6 weeks.
- No ER past 40° for 8 weeks.
- No active IR for 8 weeks.
- No cross body adduction for 6 weeks.
- No lifting/pushing/pulling >5 lbs. for 8 weeks.
- Long Term: no forceful jerking movements (starting outboard motor, push mower, or chain saw; no repetitive impact loading (chopping wood)).

Phase 1: weeks 1 - 4

- Instruct in application of ice and encourage use for 15-20 min. every 3-4 hours during the day.
- Instruct in pendulum exercises to be completed at home 4-5 x/day.
- Begin AAROM
 - Supine forward flexion to 140°.
 - ER with cane to 40°.
 - IR in scapular plane as tolerated, no IR behind back or in abduction.
 - No extension or cross body adduction.
- Cervical, elbow, wrist and hand ROM and grip strengthening.
- Begin postural education and scapular retraction and depression exercises. No shrugs.
- Begin closed chain isometrics.
 - May perform isometric ER, abduction, and forward flexion.
 - No adduction, IR, or extension.

Phase 2: weeks 5 – 8

- May D/C use of sling during the day, but should continue to wear at night through week 6 to protect subscapularis repair.
- Continue AAROM
 - May slowly increase flexion ROM.
 - Maintain ER limits at 40°.
 - IR in scapular plane as tolerated, no IR behind back or in abduction.
 - No extension or cross body adduction.
- May begin pulleys for flexion and abduction.
- May start AROM flexion and ER with no resistance.
- May start biceps and triceps strengthening.
- Continue isometrics, may add extension.
- Continue postural correction exercises including scapular retraction and depression.

Phase 3: weeks 9 – 12

- Progress ROM
 - Continue program of AAROM flexion and ER with goal of progressive return to full range.
 - May begin ER stretch in progressive degrees of abduction.
 - Begin IR stretches in abduction.
 - Begin cross body abduction stretch for posterior capsule.
 - Begin anterior chest wall stretching program.
- May start isometric IR and adduction.
- Begin RC and deltoid strengthening with light resistance.
- Advance periscapular strengthening of posterior shoulder girdle (trapezius, rhomboids, latissimus dorsi, serratus anterior).
- Advance scapular stabilization with closed chain scapular clocks, ball rolls, wall washes and scapular punches.
- May begin UBE with light resistance.

Phase 4: weeks 12 >

- Continue maintenance flexibility program until full ROM and emphasize posterior capsule stretching with sleeper stretch and cross body adduction stretch.
- Progressive cuff, deltoid and periscapular strengthening.
- Functional progression exercises depending on activities.

