



# Northern Arizona ORTHOPAEDICS

Outcomes by HOPCo®

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## **Total Shoulder Arthroplasty Protocol**

### **PHASE I Begin immediately post op (0-6 weeks)**

#### **Goals:**

- Protect the shoulder arthroplasty
- Protect the wound
- Prevent stiffness

#### **Precautions:**

- Absolutely NO external rotation beyond neutral during the first 6 weeks

#### **Activities:**

- Sling on for sleeping and when in public. The sling can be removed while at home and at rest, but ensure that your elbow stays at your side at all times. If in doubt, keep the sling on
- You may use your hand to eat, write, type, etc as long as the elbow stays tucked in to your side and you do not externally rotate
- The wound needs to stay dry until follow up 10-14 days post operatively
- To apply deodorant or wash your underarm, bend forward at the waist and let your arm dangle in front of you
- Ice the shoulder 4-5x /day for 15-20 minutes
- No lifting anything heavier than a cup of coffee

#### **Exercises:**

- All exercise is done slowly to maximize muscle recruitment and soft tissue involvement. Discomfort is allowed, but this should not be painful. If the pain persist AFTER completing the exercise – that is too much.
- Pendulum exercises
- Scapular mobilization and stabilization
- Passive internal rotation to chest
- Elbow range of motion
- NO external rotation beyond 0 degrees for the first 6 weeks

### **PHASE II Active range of motion with terminal stretch (6-12 weeks)**

#### **Requirements:**

- To be advanced by therapy
- Tolerates PROM
- At least 90 degrees of passive forward flexion

- At least 70 degrees of passive internal rotation

**Goals:**

- Protect the shoulder and avoid overstressing the repair
- Restore full passive range of motion
- Gradually restore active range of motion

**Precautions:**

- Absolutely NO external rotation beyond neutral for the first 6 weeks, then slow ER with supervision

**Activities:**

- Sling is no longer required. Some people choose to wear it in public for added protection
- Continue to avoid heavy lifting
- Typically, you can begin driving at this point if comfortable. Dr Obrock will instruct you further

**Exercises:**

- Pendulums
- Supine ER/IR/FF
- Standing ER/IR/FF
- Wall climb stretches
- Cross body abduction stretches
- As per PT

**PHASE III Resisted plus continue Phase I/II (10-12 weeks)**

**Requirements:**

- Tolerates AAROM/PROM
- At least 140 degrees passive forward flexion
- At least 60 degrees of passive external rotation
- At least 70 degrees of passive internal rotation
- Able to elevate the arm against gravity to 100 degrees

**Goals:**

- Protect the shoulder repair
- Continue to improve ROM
- Gradual shoulder strengthening

**Activities:**

- No heavy lifting >5lbs, Therabands are preferred, if weights are used they should never go behind your head
- No sudden or jerking motions
- Continue active and passive motion from Phase II

**Exercises:**

- Theraband cuff strengthening
- Shoulder shrugs
- Biceps curls
- As per PT

**Phase IV: Functional Strengthening (Do not begin prior to week 12)**

**Goals:**

- Return to functional use of the arm
- Continued strengthening

**Activities:**

- Continue your home exercises program daily for at least 1 year
- You will see Dr. Obrock at 6 months and 1 year post operatively
- You can return to sports (golf, tennis, swimming, etc) around 4-6 months post operatively. Check with Dr. Obrock before proceeding