

University of Washington Shoulder and Elbow Service

General Rehabilitation Guidelines

Please note that these are general guidelines and the specifics of the management of a particular patient must be determined by the surgeon responsible.

After Total or Hemi Shoulder Arthroplasty - 719.51, 728.9

Interventions:

in hospital:

Start CPM (continuous passive motion) machine in recovery room

Instruct in, and begin, self-assisted elevation and external rotation on post-op day 0 or 1.

Graph progress on wall charts.

Instruct in, and begin, isometric strengthening for shoulder external rotators on post-op day 1.

Instruct in, and begin, two arm supine presses post-op day 2.

Instruct in, and begin, elbow range of motion as tolerated immediately.

Instruct in, and begin, grip strengthening immediately.

Provide with written copy of home exercises to be done 5 times/day.

after discharge:

At 6 weeks, assist with advancing anterior deltoid strengthening, if needed.

At 6 weeks, instruct in, and begin, internal rotator strengthening with rubber tubing, as comfort allows.

At 6 weeks, instruct in, and begin, gentle assisted range of motion into internal rotation and horizontal cross-body adduction.

Therapy goals (before discharge from hospital):

>140⁰ assisted elevation to allow eventual active overhead reach

40⁰ assisted external rotation to allow eventual progression to full function and prevention of secondary impairments

initiation of arm being used for functional activities such as eating, combing hair

independence in home exercise program

understanding of precautions

Return to clinic to see surgeon at 2, 6, and 12 weeks post op.

Precautions/restriction:

no resisted internal rotation for 6 weeks

no external rotation $>40^{\circ}$ for 12 weeks

no pushing, pulling, or heavy lifting for 6 weeks

long term: no forceful, jerking movements (starting outboard motor); no repetitive impact loading (such as chopping wood)

Usual visits to therapist occur at 2 weeks to monitor motion, give feedback to patient regarding progress, and any techniques needed to assist with exercises, at 6 weeks to again monitor motion and instruct in new exercises (as above), and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals, and review continued (long term) precautions,

Total number of physical therapy visits post-op: 2-6

Duration:

6-16 weeks