

Total shoulder replacement, with prosthesis



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### **Total Shoulder or Reverse Shoulder Arthroplasty Protocol**

Weeks 1-6

The goal of weeks 1-6 is protect the surgical repair, to prevent adhesions, increase circulation, and decrease pain and inflammation.

- Shoulder immobilizer to be worn for 6 weeks unless indicated by M.D.
- Pendulum exercises only for the shoulder; body is to remain stationary, patient to move arm in circular motion the circumference of a basketball in both a clockwise then counterclockwise motion; should do these this exercise 3 x a day for 5-10 minutes at a time on a daily basis.
- Patient to do active elbow, wrist and hand range of motion working on flexion and extension, pronation and supination

- Edema control for hand, wrist, elbow
- Hand strengthening by squeezing foam ball
- Ice to shoulder following pendulums as needed
- NO active or passive forward elevation, abduction, internal or external rotation of operative shoulder

### Weeks 6-12

The goal of weeks 6-12 is to gradually restore passive range of motion to the operative shoulder. The surgical repair is still in the process of healing and aggressive range of motion SHOULD NOT be performed. The patient should attend physical therapy 3 x a week, and do their own exercises on the off days. The patient's shoulder immobilizer is discontinued week 6.

- Supine passive forward elevation and external rotation can be initiated; initially in weeks 6 and 7 the goal should be forward elevation in the scapular plane to 120 degrees, and external rotation with arm at the side to 30 degrees
- Weeks 7-12 supine passive forward elevation should slowly be increased as tolerated with gentle terminal stretching, this SHOULD NOT be done aggressively; the limit of external rotation should be 30 degrees, this is not to be exceeded
- Pulley exercises can begin as well
- Patient is permitted to do work in the pool with shoulder submerged; with shoulder submerged can begin active elevation to 90 degrees in pool only
- Heat to shoulder prior to treatment, ice to shoulder following treatment
- NO strength training to be performed during weeks 6-12

### Weeks 12-16

The goals of weeks 12-16 are to restore full active ROM and begin strengthening and scapular stabilizer exercises. At 12 weeks the surgical repair should be fully healed. Patient should attend therapy 2-3 times per week.

- Patient can begin internal rotation stretching using towel behind back to stretch operative arm
- Can begin light rotator cuff and scapular stabilizer exercises; this is to be low weight high repetition exercise
- Can begin isokinetics and plyometrics as tolerating
- Heat to shoulder prior to treatment
- Ice to shoulder following exercise