

## SEAN P ROBINSON, MD

### Total Shoulder Arthroplasty

#### Precautions

- In this procedure, the subscapularis is detached for exposure of the glenohumeral joint and then reattached after the surgery is complete. This reattachment must be protected for 6 weeks. During this time, strengthening activities involving internal and external rotation must be avoided.

#### Immobilization

- Sling should be worn for the first 72 hours.
- After 3 days, sling can be removed for light activity such as desk work.
- Sling should be worn as needed during the day, whenever the patient is active or in an unprotected environment; it should always be worn at night for the first 6 weeks.
- Discontinue sling completely at 6 weeks.
- **No active shoulder motion for 4 weeks, all planes**
- **No active internal rotation for 6 weeks**

#### First 2 Weeks Post-Op

- 1) Wound check
  - If wound is sealed, it is okay to shower but not soak
- 2) Exercise
  - Pendulum exercises
  - Progressive resistive exercise
    - o Shoulder shrugs
    - o Triceps/shoulder extension
    - o Scapular retraction – prone
    - o Gripping exercises
    - o Wrist supination/pronation
    - o Wrist flexion/extension

#### 2-6 Weeks Post-Op

- 1) Exercise
  - AAROM
    - o All planes – **limit ER to 30° or as directed by physician**
    - o With cane – progress to finger ladder/wall climbs/pulley system
    - o Pulleys for home exercise program • Pendulum exercise with light weight
  - Isometrics - as previous
  - Progressive resistive exercise - continue as previous, adding:
    - o Serratus punch – supine, without weight

#### 6 Weeks Post-Op

- 1) Discontinue sling use
- 2) Exercise
  - AROM
    - o All planes – **limit external rotation to 45°**
  - Progressive resistive exercise – continue as previous, adding:
    - o Shoulder internal/external rotation with low resistance Theraband (limit ER to 45°)
    - o Wall push-up plus, hand in neutral position
    - o Rhythmic stabilization
  - Body Blade
    - o One-handed grip in neutral position
    - o Two-handed grip in front
    - o Opposite hand diagonal pattern

### **8 Weeks Post-Op**

1) Full PROM, ER to 60°, and advance to full AROM (ER 60°); able to add stretching in forward elevation (if lacking). Never stretch in abduction/ER.

#### 2) Exercise

- Progressive resistive exercise - continue as previous, adding:
  - *Low resistance/high repetition:*
    - Flexion
    - Abduction
    - Supraspinatus (limit to 70°)
    - Prone fly
    - Scapular retraction
    - Prone extension
  - Wall push-up plus, hands in neutral position
- Body Blade
  - One-handed grip, abduction to 90°
  - Two-handed grip, flexion to 90°
- Plyoball
  - Circles – CW and CCW, 1 minute each direction
  - Squares – CW and CCW, 1 minute each direction

### **10 Weeks Post-Op**

1) Full PROM, ER to 60°; continue stretching (forward elevation, abduction, IR, ER)

#### 2) Exercise

Progressive resistive exercise - continue as previous, adding:

- Kneeling push-up
- Step-up push-up in quadruped position

Plyoball diagonal patterns

Fitter

- Side-to-side
- Front & back

Progress weight and range of motion as tolerated by patient, with closed- and open-chain exercises and proprioceptive activities

### **12 Weeks Post-Op**

1) Should have full AROM, ER to 60°; if not, begin passive stretch to achieve full ROM (forward elevation, abduction, IR, ER)

#### 2) Exercise

- Progressive resistive exercise

### **16 Weeks Post-Op**

1) Should have full AROM, ER to 75°; continue passive stretch to achieve full ROM

#### 2) Exercise

### **24 Weeks Post-Op**

Progression to full activity as directed by physician