

Total Shoulder Replacement Post Operative Therapy.

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Background

The total shoulder replacement involves replacing the humeral head with a metal prosthesis made of titanium and cobalt chrome alloy. The glenoid is covered with a plastic socket which is cemented in place. This operation has been performed for over forty years with a good track record of success.

It is important to realize that the subscapularis , a rotator cuff muscle, must be cut and then reattached to complete this operation. It takes approximately twelve weeks for tendons to heal, and the subscapularis should be protected during this time by avoiding external rotation stretching and internal rotation strengthening.

Restrictions

The following are life-time restrictions.

1. Patients should not regularly lift more than 25 lbs overhead with the operated arm
2. Patients should not use the operated arm for upper extremity weight bearing

Therapy Protocol

Phase 1 (0-6 weeks)

Goals: Maintain the passive forward elevation obtained at surgery. Promote soft tissue healing. Protect Subscapularis Repair.

Sling Wear: Patients should wear the sling at all times except when showering or exercising.

Patients may continue to ice three times per day for twenty minutes for the first two weeks.

Restrictions:

No external rotation beyond neutral. No active shoulder motion.

Exercises:

Stretching exercises should be performed five times per day.

Passive forward elevation stretches include:

1. supine passive forward elevation stretching. This should be done with the patient using the other hand to move the operated extremity. Each stretch should be held for a minimum of ten seconds. Goal of 140 degrees of forward elevation.
2. Forward Leans or countertop slide
3. Use of doorway pulley

Other exercises include:

Hand, wrist, elbow AROM

Isometrics of posterior rotator cuff (external rotation)

Scapular stabilizers (shoulder shrugs, retraction)

Phase 2 (6-12 weeks)

Goals: Transition to AROM, and light strengthening. Continue to work on PROM.

Precautions:

No external rotation beyond twenty degrees.

Sling Wear:

Patients may discontinue sling wear, and should work on a normal shoulder swing with gait.

Exercises:

ROM exercises:

Continue Supine Passive Forward Elevation (goal >140 degrees). May stretch in internal rotation to get hand behind and up the back.

Initiate AROM/AAROM in forward elevation, external rotation, internal rotation. External rotation to 20 degrees only.

Strengthening Exercises:

1. Continue posterior rotator cuff isometrics (external rotation)
2. Begin bench press plus exercises. Working on scapular protraction at top of press.

3. Begin progressive inclination supine presses

Have patient perform ten supine bench press motions with no weight, then with 2lb weights. When able to perform ten repetitions increase angle of seat inclination by twenty degrees and repeat process. Perform at supine, 20 deg, 40 deg, 60 deg, 80 deg.

Phase 3 (12 weeks and beyond)

Goals: Increase AROM of shoulder and increase strength.

Precautions: No lifting more than 25 lbs.

Exercises:

ROM: Continue AROM, AAROM in all planes. May actively externally rotate as far as comfortable. May stretch in internal rotation to get hand behind the back.

Strength: Continue with progressive inclination presses, and bench press plus. Incorporate back exercises such as seated rows and lat pull downs. Strengthen forward elevation in the plane of the scapula with light weights (less than 5lbs). Begin internal rotation isometrics.