

Total Shoulder Replacement/Hemiarthroplasty Protocol

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Stage I Early (0-2 weeks):

- Patient should be instructed in the following exercises to be done post-operatively (3 times per day until first post-op appointment)
 - Supine cane PROM flexion
 - Sitting or standing PROM (can externally rotate to neutral)
 - Elbow, wrist, and hand AROM
 - Grip strength: Squeeze a tennis ball or putty

Stage I Late (2-4 weeks):

- **Cautions:**
 - Avoid excessive shoulder extension until 4-6 weeks
 - External rotation progression 0°-45° in first 4 weeks
- Ensure independence with home exercise program
- Pendulums (3-4 times per day)
- Therapeutic exercises – PREs: biceps, triceps, all wrist and forearm movements with weight as tolerated
- PROM: forward flexion as tolerated, abduction to 90°, external rotation to 45° by week 4
- Active forward flexion without weights to patient's tolerance
- Isometric flexion, abduction, extension, and external rotation – NO internal rotation due to subscapularis protection
- Upper body exercises with high seat to patient's tolerance
- Weight shifting on upper extremities on table, all directions
- Table wash, ball rolling
- Wall push-ups

Stage II (5-6 weeks):

- **Cautions:**
 - Continue to restrict active internal rotation until 6-week post-op appointment unless otherwise instructed by MD
 - Shoulder flexion should be 120° by 4 weeks
 - External rotation should be 45° by 4 weeks
- PREs progress as tolerated: biceps, triceps, upper body exercises, forearm, wrist, and hand
- AROM: forward flexion and abduction
- TheraBand exercises for internal rotation
- Manual therapy: supine manual resistance
- Multi-directional isometric rhythmic stabilization

- PROM: continue shoulder flexion, abduction, internal rotation, and external rotation as previous
- Begin gentle extension stretching
- Continue with weightbearing exercises
- Weight shifting in 4-point and 3-point
- Wall push-ups with plus
- Rocker board
- Upper extremity exercises
- Step-ups

Stage III (6+ weeks):

- **Cautions:**
 - External rotation ROM should be 45°
 - Flexion 120° or more
 - Abduction 90°-100°
 - Begin to address subscapularis strengthening
- All previous exercises, advance patient as tolerated with weights and function stabilization exercises
- Begin subscapularis strengthening
- Yellow TheraBand – manual resistance to tolerance
- Stretching all directions as needed
- External rotation – increase to full external rotation ROM per patient's tolerance
- Extension should be approaching normal ROM
- Continue to progress closed chain, rhythmic stabilization exercises and address return to function

If you have any questions or concerns, please contact Dr. Saterbak's office at 651-351-2618 or SaterbakAcareteam@tcomn.com