

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 Ream & Run 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. **Usual** goals are 140⁰ assisted elevation and 40⁰ assisted external rotation with arm at side. (The surgeon sets the goal for external rotation dependent on the repair of the subscapularis tendon.) Therefore, the motion goal for external rotation is also considered a limit.

Graph progress on wall charts.

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

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:

For 1st 6 weeks the goal is to regain/keep excellent assisted motion into elevation and external rotation (within precautions).

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

(supine presses with progressive tilt), instruct in, and begin, gentle internal rotator strengthening with rubber tubing, advance external rotator strengthening with rubber tubing, and strengthening for scapular stabilizers. Instruct in, and begin, gentle assisted range of motion into internal rotation up the back and into horizontal cross-body adduction. Review posture and proper shoulder mechanics.

Usual 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. (This goal most often varies, as depends on the release and repair of the subscapularis tendon.) DO NOT PUSH achieving this motion goal.

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 >40⁰ for 12 weeks (may be more restricted by surgeon)

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 twice weekly for the first 6 weeks, with the primary focus being regaining comfortable motion (elevation to 140⁰ and external rotation to 40⁰) as well as to give feedback to patient regarding progress, and any techniques needed to assist with exercises. At the 6 week post-op point additional strengthening is added (to the isometric external rotators) consisting of lightweight and progressive external rotator strengthening, initiation of lightweight internal rotator strengthening and scapular stabilizer strengthening. Would continue with twice weekly physical therapy if need more work on range of motion.

Total number of physical therapy visits post-op: 12-24

Duration: 6-16 weeks

It is essential that the motion goals of elevation and external rotation are attained and maintained throughout the 1st 6 weeks following surgery.