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 Total or Hemi Shoulder Arthroplasty - 719.51 – stiff shoulder, 728.87 – muscle weakness, 719.41 – shoulder pain

Interventions:

in hospital:

Start CPM (continuous passive motion) machine in recovery room
Instruct in, and begin, self-assisted elevation (supine using other hand or sitting using an overdoor pulley) and external rotation on post-op day 0 or 1. **Usual** goals are 140^0 assisted elevation and 40^0 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:

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):

>140^0 assisted elevation to allow eventual active overhead reach
40^0 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/restrictions:

no resisted internal rotation for 6 weeks
no external rotation >40^0 for 12 weeks
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 at 2 weeks to monitor motion, give feedback to patient regarding progress, and any techniques needed to assist with exercises, at 6 weeks to again monitor motion and instruct in new exercises (as above), and at 12 weeks to re-examine the patient's motion and strength and again advance the home exercise program depending on what is found in the reexamination and the patient's stated functional goals, and review continued (long term) precautions,

Total number of physical therapy visits post-op: 2-8
Duration: 6-16 weeks