

GEOFFREY S. VAN THIEL, MD/MBA

Assistant Professor - Rush University Medical Center

Team Physician - US National Soccer Teams

Team Physician - Chicago Blackhawks Medical Network - Ice Hogs

www.VanThielMD.com - VanThielMD@orthoillinois.com

Fax: (815) 381-7489 – Phone: (815) 381-7365



SPORTS MEDICINE SURGERY & HIP ARTHROSCOPY

Follow us on Twitter and Facebook: @VanThielMD & Facebook.com/VanThielMD

- Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder -

REHABILITATION PROTOCOL

Total Shoulder Arthroplasty/Hemiarthroplasty

Formal therapy will begin 2 weeks post operatively

Phase I (1 – 7 days)

- Wound: Leave dressing in place until first post-operative visit.
- Edema: Edema control interventions
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM:
 - Shoulder Pendulums
 - AROM: Forearm, wrist and hand
- Strengthening
 - Parascapular Strengthening and Scapular Stabilization
 - Grip Strengthening
- Modalities: prn for pain and inflammation

Phase II (1 – 6 weeks)

- Wound: Monitor site / Scar management techniques. Leave dressing in place until first post operative visit.
- Edema and modalities: Edema control continued
- Sling: Ultrasling except in therapy or during exercise sessions. OK to come out of sling at rest.
- ROM – No stretching PROM
 - AAROM to AROM as tolerated with the following exceptions:
 - No active IR/backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and then repaired afterwards. It takes about 4-6

weeks for it to grown back into the humerus and regenerate a blood and nerve supply.

- Week 1-3: AAROM 90° FF/20° ER at side; ABD max 75° with no rotation
- Week 3-6: AAROM 120° FF/40° ER at side; ABD max 75° with no rotation
- AROM: Forearm, wrist and hand
- Strengthening
 - Continue parascapular strengthening and grip strengthening.

Phase III (6 – 12 weeks)

- Sling: Discontinue sling at 6 weeks.
- ROM:
 - Begin AAROM to AROM for internal rotation and backwards extension as tolerated
 - PROM: Therapist to begin passive stretching in Flex and Scaption at 6 weeks. No stretching in ER, but AAROM in ER encouraged.
 - Includes pulley and table stretches.
 - AROM: Begin progressing ER gradually to 60 degrees at 6 wks. Active Flex and Scaption of 140 – 150 deg. achieved by 10 weeks.
- Strengthening:
 - Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only
 - No resisted internal rotation/backwards extension until 12 weeks post-op
 - Isometrics for Flex, Scaption, and ER at 6 weeks. Begin gentle progressive resisted strengthening for Flex, Scaption, and ER at 8 weeks.
- Modalities: prn for pain and inflammation

Phase IV (s/p 12 weeks +)

- Strengthening
 - Progress RTC/Parascapular strengthening to return to ADL's or work activity
 - Begin Resisted IR and Extension
- ROM: unrestricted
- Mobs: Glenohumeral joint mobilizations

1) Wilk KE, Reinold MM, Andrews, JR. Total Shoulder Replacement Post-Operative Rehabilitation Program. Winchester MA: Advanced Continuing Education Institute, 2004.