

Shoulder Arthroplasty: Post Operative - Physiotherapy

These guidelines may change depending on surgical approach and which shoulder musculature was released and/or repaired during surgery. Always check the surgeon's orders

Hemi-arthroplasty (HA)

- Sling x 6 weeks post-op
- No bathing/showering x 3 days post-op
- Active elbow, wrist and hand ROM as tolerated immediately post-op
- Passive ROM x 6 weeks post-op with the following restrictions:
 - External rotation less than or equal to 30°
 - Flexion less than or equal to 90°
 - Abduction less than or equal to 90°
 - Internal Rotation - full

Unless specified otherwise by surgeon

At 6 weeks post-op progress to:

- Sling for comfort
- Active ROM, no restrictions.
- Full passive ROM stretch
- Teach 'Four by Four Shoulder Stretches' and provide handout

At 10 to 12 weeks post-op:

- Progress to shoulder strengthening, stability and proprioception exercises

Hemi-arthroplasty surgeries are usually the result of trauma and subscapularis is not released. There can, however, be fractures of the lesser tuberosity where subscapularis attaches in which case the effects of glenohumeral movement on the fracture will be determined by the surgeon in the OR and the Orthopaedic Surgeon will specify any ROM restrictions.

Restrictions if subscapularis has been released and re-attached:

1. No active internal rotation x 6 weeks post-op
2. No internal rotation isometrics x 6 weeks post-op
3. The surgeon will specify the range of external rotation allowed

Total Shoulder Arthroplasty (TSA)

- Sling x 6 weeks post-op
 - No bathing/showering for 3 days post-op
 - Active elbow, wrist and hand ROM as tolerated immediately post-op
 - Passive ROM x 6 weeks post-op with the following restrictions:
 - External Rotation less than or equal to 30°
 - Flexion - Full
 - Abduction less than or equal to 90°
 - Internal Rotation – Full
- Unless specified otherwise by surgeon**
- Isometrics x 6 weeks post-op with forearm in neutral for:
 - external rotation
 - abduction

At 6 weeks post-op progress to:

- Sling for comfort
- Active ROM, no restrictions.
- Full passive ROM stretch
- Teach 'Four by Four Shoulder Stretches' and provide handout

At 10 to 12 weeks post-op:

- Progress to shoulder strengthening, stability and proprioception exercises.

Subscapularis has been released and re-attached so the following restrictions apply:

1. No active internal rotation x 6 weeks post-op
2. No internal rotation isometrics x 6 weeks post-op
3. The surgeon will specify the range of external rotation allowed

Reverse Total Shoulder Arthroplasty (RTSA)

- No rotator cuff repair
- Deltopectoral Approach

- Sling x 6 weeks post-op
- No bathing/showering for 3 days post-op
- Active elbow, wrist and hand ROM as tolerated immediately post-op
- Passive and active ROM with the following restrictions x 6 weeks post-op:
 - abduction and flexion less than or equal to 90°
 - external rotation less than or equal to 45°
- Isometrics x 6 weeks post-op with forearm in neutral for:
 - external rotation
 - abduction

At 6 weeks post-op progress to:

- Sling for comfort
- Active ROM, no restrictions:
 - Flexion
 - Abduction
 - External rotation
- Full passive ROM stretch for:
 - Flexion
 - Abduction
 - External rotation

At 12 weeks post-op progress to:

- Active ROM:
 - extension (beyond neutral)
 - internal rotation

At 12 to 14 weeks post-op progress to:

- Progress to shoulder strengthening, stability and proprioception exercises

Function relies on the deltoid and periscapular muscles

To prevent shoulder dislocation patients MUST NOT DO the following combination of shoulder movements/activities for 12 weeks post-op:

- Adduction/Internal rotation e.g. tucking in a shirt
- Adduction/Internal rotation/Extension e.g. hand behind back

Reverse Total Shoulder Arthroplasty (RTSA)

- Rotator cuff repair
- Deltopectoral Approach

- Sling with abduction pillow for x 6 weeks post-op
- No bathing/showering x 3 days post-op
- No shoulder or elbow exercises for x 6 weeks post-op
- Active wrist and hand ROM as tolerated immediately post-op

At 6 weeks post-op progress to:

- Passive and active ROM
 - abduction less than or equal to 90°
 - flexion less than or equal to 90°
 - external rotation less than or equal to 30°

At 10 weeks post-op progress to:

- Active ROM, no restrictions
 - Flexion o Abduction
 - External rotation
- Full passive ROM stretch for:
 - Flexion
 - Abduction
 - External rotation

At 10 to 12 weeks post-op progress to:

- Isometrics with forearm neutral position for
 - external rotation
 - abduction

To prevent shoulder dislocation patients **MUST NOT DO** the following combination of shoulder movements/activities for 12 weeks post-op:

- Adduction/Internal rotation e.g. tucking in a shirt
- Adduction/Internal rotation/Extension e.g. hand behind back

At 12 weeks post-op progress to:

- Active ROM:
 - extension (beyond neutral)
 - internal rotation

At 12 to 14 weeks post-op progress to:

- Progress to shoulder strengthening, stability and proprioception exercises

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Approved By:	PHC
	Professional Practice Leader Physiotherapy
Owners:	PHC
	Physiotherapy