Partial / Total Shoulder Replacement Rehab Protocol Prescription

Patient Name: ___________________________ Date: _____________

Diagnosis: Glenohumeral arthritis   Frequency: 2-3 visits/week   Duration: 4 months

**Weeks 1-6: Phase I**

**Sling Immobilizer:** May be d/c’ed on post-op day 1

**Exercises:**
- Passive ER to 15 deg and extension to neutral
- Passive FF in scapular plane and IR
- AROM wrist/elbow
- Scapular "pinches"
- Modalities as needed
- Perform exercises multiple times each day (HEP)

**Advancement Criteria:**
- ER to neutral
- FF in scapular plane to 130 deg
- Minimal pain and inflammation

**Weeks 6-10: Phase II**

**Exercises:**
- Passive & Active assisted FF in scapular plane - no limits (wand exercises, pulleys)
- Passive & Active assisted ER (gentle beyond 30 degrees for subscap healing)
- Active supine FF in scapular plane
- Manual scapular side-lying stabilization exercises
- Isometrics:
  - Deltoid in neutral
  - ER (modified neutral) ROM < 30 deg
  - IR (modified neutral)
- Scapular retraction with elastic bands
- Humeral head control exercises:
  - ER/IR (supine/scapular plane)
  - Elevation at 100 deg

**Modalities as needed**

**Advancement Criteria:**
- FF to 150 deg
- ER to 45 deg
- Good humeral head control
- Minimal to no pain with ADLs
Weeks 10-16: Phase III

**Exercises:**
- Progress ROM as tolerated
- AAROM for full FF and ER
- AAROM for IR - no limits
- Flexibility exercises: towel stretch, posterior capsule stretch
- IR/ER/FF isotonic strengthening
- Scapular stabilization
- Rhythmic stabilization
- PREs for scapula, elbow (biceps/triceps)
- Forward flexion in scapular plane
- Progressive resistive equipment: row, chest press (light weight)
- Modalities as needed

**Advancement Criteria:**
- Muscle strength 4/5
- Passive FF 160 deg, ER>45 deg
- Restore normal scapulohumeral rhythm <90 deg elevation
- Minimal pain and inflammation

Weeks 16-22: Phase IV

**Exercises:**
- Access and address any remaining deficits in ROM, flexibility, strength
- Active, active-assisted, and passive ROM exercises
- Flexibility exercises: towel stretch (IR), posterior capsule stretch
- Progressive resistive strengthening:
  - Dumbbells
  - Progressive resistive equipment
  - Elastic band IR/ER (modified neutral)
- Rhythmic stabilization
- Modalities as needed
- Individualize program to meet specific needs of patient

**Discharge Criteria:**
- Maximize ROM
- Full independent ADLs
- Normal scapulohumeral rhythm >100 deg elevation
- Independent HEP

**Concerns or questions:**
- Duncan (clinical nurse specialist – Dr. Kaar) at (314) 577-8525 / email: dmchardy@slu.edu
- Julia (clinical nurse specialist – Dr. Kim) at (314) 577-8524 / email: santiagoja@slu.edu
- General office at (314) 256-3850 (SLUH South Campus Clinic); (314) 768-1050 (St Mary’s Clinic); Cardinal Glennon (314) 577-5640

**Physician Signature:**