



Total Shoulder Repair Protocol

Phase 1: Immediate Post-Surgical Phase

- Goals
 - Allow healing of soft tissue
 - Maintain integrity of replaced joint
 - Gradually increase passive range of motion (PROM) of shoulder; restore active range of motion (AROM) of elbow/wrist/hand
 - Reduce pain and inflammation
 - Reduce muscular inhibition
 - Independent with activities of daily living (ADLs) with modifications while maintaining the integrity of the replaced joint
- Precautions
 - Sling should be worn continuously for 3 to 4 weeks
 - While lying supine, a small pillow or towel roll should be placed behind the elbow to avoid shoulder hyperextension/ anterior capsule stretch/ subscapularis stretch
 - *(When lying supine patient should be instructed to always be able to visualize their elbow. This ensures they are not extending their shoulder past neutral) –This should be maintained for 6-8 weeks post-surgically*
 - Avoid shoulder AROM
 - No lifting of objects
 - No excessive shoulder motion behind back, especially into internal rotation (IR)
 - No excessive stretching or sudden movements (particularly external rotation (ER))
 - No supporting of body weight by hand on involved side
 - Keep incision clean and dry (no soaking for 2 weeks)
 - No driving for 3 weeks

Post-Op Day (POD): in hospital

- Passive forward flexion in supine to tolerance
- Gentle ER in scapular plane to available PROM (as documented in operative note)
 - Usually around 30 degrees
 - **Attention:** DO NOT produce undue stress on the anterior joint capsule, particularly with shoulder in extension
- Passive IR to chest
- Active distal extremity exercise (elbow, wrist, hand)
- Pendulum exercises
- Frequent cryotherapy for pain, swelling and inflammation management



- Patient education regarding proper positioning and joint protection techniques

Early Phase 1: Out of Hospital

- Continue above exercises
- Begin scapula musculature isometrics. Sets (primarily retraction)
- Continue active elbow ROM
- Continue cryotherapy as much as able for pain and inflammation management

Late Phase 1

- Continue previous exercises
- Continue to progress PROM as motion allows
- Begin assisted flexion, abduction, ER, IR in scapular plane
- Progress active distal extremity exercise to strengthening as appropriate

Criteria for Progression to the Next Phase (Phase 2)

If the patient has not reached the below ROM, forceful stretching and mobilization/ manipulation is not indicated. Continue gradual ROM and gentle mobilization (i.e. Grade 1 oscillations), while respecting soft tissue constraints

- Tolerates PROM program
- Has achieved at least 90° PROM forward flexion and elevation in the scapular plane
- Has achieved at least 45° PROM ER in plane of scapular
- Has achieved at least 70° PROM IR in plane of scapula measured at 30° of abduction

Phase 2: Early Strengthening Phase

(Not to begin before 4-6 Weeks post surgery to allow for appropriate soft tissue healing)

- Goals
 - Restore full passive ROM
 - Gradually restore active motion
 - Control pain and inflammation
 - Allow continue healing of soft tissue
 - Do not overstress healing tissue
 - Re-establish dynamic shoulder stability
- Precaution
 - Sling should only be used for sleeping and removed gradually over the course of the next 2 weeks, for periods throughout the day
 - While lying supine a small pillow or towel should be placed behind the elbow to avoid shoulder hyperextension/anterior capsule stretch
 - In the presence of poor shoulder mechanics avoid repetitive shoulder AROM exercises/activity against gravity in standing



- No heavy lighting of objects (no heavier than coffee cup)
- No supporting of body weight by hand on involved side
- No sudden jerking motions

Early Phase 2

- Continue with PROM, active assisted range of motion (AAROM)
- Begin active flexion, IR, ER, abduction pain free ROM
- AAROM pulleys (flexion and abduction)—as long as greater than 90° of PROM
- Begin shoulder sub-maximal pain free shoulder isometrics in neutral
- Scapular strengthening exercises as appropriate
- Begin assisted horizontal adduction
- Progress distal extremity exercises with light resistance as appropriate
- Gentle glenohumeral and scapulothoracic joint mobilizations as indicated
- Initiate glenohumeral and scapulothoracic rhythmic stabilization
- Continue use of cryotherapy for pain and inflammation

Late Phase 3

- Resisted flexion, abduction, extension (therabands/sport cords)
- Continue progressing IR, ER strengthening
- Progress IR stretch behind back from AAROM to AROM as ROM allows
 - Pay particular attention as to avoid stress on the anterior capsule

Criteria for Progression to the Next Phase (Phase 4)

If the patient has not reached the below ROM, forceful stretching and mobilization/manipulation is not indicated. Continue gradual ROM and gentle mobilization (i.e. Grade 1 oscillations), while respecting soft tissue constraints

- Tolerates AA/AROM/strengthening
- Has achieved at least 140° AROM forward flexion and elevation in the scapular plane supine
- Has achieved at least 60+° AROM ER in plane of scapula supine
- Has achieved at least 70° AROM IR in plane of scapula supine in 30° of abduction
- Able to actively elevate shoulder against gravity with good mechanics to at least 120°

Note: If above ROM are not met then patient is ready to progress if their ROM is consistent with outcomes for patient with the given underlying pathology

Phase 4: Advanced Strengthening Phase

(Not to begin before 12 weeks to allow for appropriate soft tissue healing and to ensure adequate ROM, and initial strength)

- Goals



- Maintain non-painful AROM
- Enhance functional use of upper extremity
- Improve muscular strength, power, and endurance
- Gradual return to more advanced functional activities
- Progress weight bearing exercises as appropriate
- Precautions
 - Avoid exercise and functional activities that put stress on the anterior capsule and surrounding structures
 - Example: no combined ER and abduction above 80° of abduction
 - Ensure gradual progression of strengthening

Early Phase 4

- Typically patient is on a home exercise program by this point to be performed 3-4 times per week
- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities

Late Phase 4 (Typically 4-6 months post-op)

- Return to recreational hobbies, gardening, sports, golf, doubles tennis

Criteria for Discharge from Skilled Therapy

- Patient able to maintain non-painful AROM
- Maximized functional use of upper extremity
- Maximized muscular strength, power, and endurance
- Patient has returned to advanced functional activities