

TOTAL SHOULDER REPLACEMENT POST-OPERATIVE REHABILITATION PROGRAM

Name: _____**Date:** _____**Diagnosis:** _____**Date of Surgery :** _____

The goal of the rehabilitation process is to provide greater joint stability to the patient, while decreasing their pain and improving their functional status. The key to the success of the rehabilitation following shoulder replacement is compliance to your exercise program.

Phase One Immediate Motion Phase (Week 0-4)

Goals:

- Increase passive range of motion
- Decrease shoulder pain
- Retard muscular atrophy

Exercises:

- Passive Range of Motion
 - Flexion (0-90 degrees)
 - ER (at 30 degrees Abduction) 0-20 degrees
 - IR (at 30 degrees Abduction) 0-30 degrees
- Pendulum Exercises
- Elbow/Wrist ROM
- Gripping Exercises
- Isometrics
 - Abductors
- Rope and Pulley (Week 4)
- Active Assistive Motion Exercises (start at week 4)

No Active or Active Assisted Internal Rotation x 6 weeks

Phase Two - Active Motion Phase (Week 4-12)

Goals:

- Improve shoulder strength
- Improve range of motion
- Decrease pain/inflammation
- Increase functional activities

Exercises:

- Active Assisted ROM Exercises with L-Bar (Begin week 2-3, or when tolerable)
 - Flexion
 - ER
 - IR

- Rope and Pulley
 - Flexion
- Pendulum Exercises -
- AROM Exercises
 - Seated Flexion (Short arc 45-90 degrees)
 - Supine Flexion (Full available range)
 - Seated Abduction (0-90 degrees)
 - Exercise Tubing IR/ER (Week 4-6)
 - Dumbbell bicep/tricep
- Gentle Joint Mobilization (Week 6-8)

○ **Phase Three - Strengthening Phase**

Initiation of this phase begins when patient exhibits:

- PROM: Flexion 0-120
 - ER (at 90 degrees Abduction) 30-40 degrees
 - IR (at 90 degrees Abduction) 45-55 degrees 2)
- Strength level 4/5 for ER/IR/ABD

Note: Some patients will never enter this phase.

Goals:

Improve strength of shoulder musculature Improve and gradually increase functional activities

Exercises

- Exercise Tubing
 - ER
 - IR
- Dumbbell Strengthening
 - Abduction
 - Supraspinatus
 - Flexion
- Stretching Exercise
- L-Bar Stretches
 - Flexion
 - ER
 - IR

Comments:

Frequency: _____ **times per week**

Duration: _____ **weeks**

Signature: _____

Date: _____