

# Krishan Rajaratuam Medicine Professional Corporation Krishan Rajaratnam BSc.MD, FRCS(C)

Orthopaedic Surgeon

## Specializing in Upper Extremity and Joint Reconstruction

Hamilton Health Sciences LL2 - 304 Victoria Avenue N., Hamilton, Ontario, L8L 5G4 Tel: 905 526 8430 Fax 905 526 6227



## PRIMARY SHOULDER ARTHROPLASTY REHABILITATION PROTOCOL

## Weeks 1-6: Phase I

Sling Immobilizer: At all times except for showering and exercise, discontinue at week 3

Exercises: Passive ER to 10 and extension to neutral

Passive FF in scapular plane to 110

AROM wrist/elbow Scapular "pinches" Passive IR to belly

No active IR

Modalities as needed

Advancement Criteria: ER to 10

FF in scapular plane to 110 Minimal pain and inflammation

#### Weeks 6-12: Phase II

<u>Exercises:</u> Passive & Active assisted FF in scapular plane – no limits (wand exercises,

pulleys)

Passive & Active assisted ER – limit 45 deg

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

ER to 45

Good humeral head control Minimal to no pain with ADLs

## Weeks 12-16: 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, ER >45

Restore normal scapulohumeral rhythm <90 deg elevation

Minimal pain and inflammation

#### Weeks 16-22: Phase IV

<u>Exercises:</u> 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 neurtral)

Rhythmic stabilization Modalities as needed

Individualize program to meet specific needs of patient

Discharge Criteria: Maximize ROM

Full independent ADLs

Normal scapulohumeral rhythm >100deg elevation

Independent HEP