WWW.MATTDRISCOLLMD.COM ORTHOPEDIC SURGERY, SPORTS MEDICINE, AND ARTHROSCOPY

Shoulder Arthroplasty Protocol

Sling should be worn for approximately 4-6 weeks per Dr. Driscoll's instruction. May remove for treatment. Patient may also remove sling for activities such as eating, writing, computer work, and personal hygiene. Please provide daily home program for each phase.

PHASE 1 (weeks 1-6) Goals - pain control, reduction of inflammation, initiation of passive range of motion (PROM), maintenance of scapulothoracic function, & maintenance of cardiovascular health.

PHASE 1A (weeks 1-2)

- Remove sling three times per day for the following:
 - o Active range of motion at wrist, elbow and hand
 - o Scapular protraction and retraction, elevation and depression
 - Squeeze exercise ball often
 - o Pendulums
 - Gentle passive and active-assisted ROM with cane or pulley No external rotation past neutral (0°) to protect subscapularis repair
- Use ice to control pain and inflammation
- · Maintain cardiovascular health using walking or exercise bike

PHASE 1B (weeks 3-4)

- Continue phase 1A regimen
- Active-assisted and AROM beginning supine and progressing to upright
 - No external rotation past neutral (0°)
- Isometric muscle activation for periscapular muscles, external rotators, and deltoid. No Internal rotation strengthening to protect subscapularis repair)
- Lower extremity and trunk exercises (no bouncing)

PHASE 1C (weeks 5-6)

- Continue phase 1B regimen
- Gradually increase external rotation ROM limit to 30°

PHASE 2 (week 7 through month 3) Goals - restoration of normal glenohumeral and scapulothoracic ROM, strengthening, & maintenance of cardiovascular health.

- Continue to advance AROM and PROM
 - No aggressive external rotation stretching
- Add theraband or light weight strengthening exercises
 - No internal rotation strengthening until 3 months
- Continue lower extremity and trunk exercises
- Maintain cardiovascular health using walking, exercise bike, jogging, etc

PHASE 3 (> 3 months) Goals - continue strengthening, correct residual deficits in ROM and glenohumeral/scapulothoracic dynamics, maintenance of cardiovascular health, and preparation for return to activity/sport.

- Continue range of motion regimen without restrictions
- Limited internal rotation strengthening now safe
- Initiate return to sport/activity training
- Maintain cardiovascular health with walking, exercise bike, jogging, etc.
- Progress lower extremity and trunk exercises

Copyright 2014 © Matt Driscoll, MD

Last reviewed 1/1/2011