

Shoulder Arthroplasty Therapy Protocol for Hemiarthroplasty, Total Shoulder Arthroplasty, and Reverse Shoulder Arthroplasty

Patient to begin Phase 1 exercises at home daily, 5 times a day on the morning after surgery.

Do not add or skip any part of this program. If you have concerns please contact your surgeon. Carolyn Hettrich at 859-218-3054

Phase 1	2 home based exercises	
Goals	Primary goal is for the tissue to heal through rest and only the perform the two	
	exercises below.	
Patient	1. Remain in sling at all times unless showering or performing exercises.	
Instructions for	2. We encourage the use of the ice or the cryo-cuff to help control pain and	
Daily Life	inflammation after surgery for a minimum of 6 weeks.	
	3. All exercises are performed 5 times a day for 5 repetitions.	
Therapist	Active assist shoulder exercises prevent stiffness and are critical for a good	
Instructions	result.	
	2. Only these 2 shoulder exercises are to be performed 5 times a day for 5 repetitions	
	3. The following motions are not to occur:	
	a) External Rotation past neutral	
	b) Abduction	
	,	
0-6 weeks	c) Internal Rotation behind back	
0-0 weeks	1. Supine passive assistive forward flexion to 140° (ear	
	level), hold 5 seconds and repeat 5 times, 5 times a day.	
	This needs to be achieved	
	within 2 weeks to avoid stiffness.	
	Stifficss.	
	2. Table slides hold 5 seconds and	
	repeat 5 times, 5 times a day.	
	This needs to be done pushing	
	a small towel, getting arm to	
	ear.	
Week 6	Patient will see Dr. Hettrich prior to starting Phase 2 exercises	
Phase 2	4 shoulder exercises are to be performed 2 times a day for 5 repetitions	
Exercises		

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Goals	<ol> <li>Continue healing after your surgery, as this takes 12 weeks.</li> <li>Gain active motion of your arm with smooth movement without shrugging shoulders</li> </ol>	
Patient	Use sling only in uncontrolled situations (crowds, around small children,	
Instructions for	animals) or on slippery surfaces (ice/snow)	
Daily Life	All exercises are performed 3 times a day for 5 repetitions	
Daily Elio	3. Do not lift anything in your operated hand greater than 1 pound	
	4. No pushing/pulling	
	5. Need to keep arm in front of your body – no reaching to the side, reaching	
	behind body, or pushing self-up from chair/bed	
Therapist	1. Exercises are to be instructed during a single visit and then the patient is to	
Instructions	perform the following 4 exercises at home on their own.	
7-12 weeks	1. Table slides hold 5 seconds	
	and repeat 5 times, 3 times	
	a day to 140°	
	2. Scapular squeezes –	
	Squeeze shoulder blades	
	together for 5 seconds, 5	
	repetitions, 3 times a day	
	repetitione, o times a day	
	3. Supine passive assistive	
	forward flexion to 140° (ear	
	level), hold 5 seconds and	
	repeat 5 times, 3 times a	
	day. If this has not been	
	achieved it is imperative	
	they do so ASAP.	
	4. Week 7-9: Ceiling Punches:	
	Lie on your back reach your	
	operated arm up toward the	
	ceiling. Hold for 5 seconds	
	repeat 5 times perform 3	
	times a day.	

5. Week 10-12: Elevated
Ceiling Punches: Replace
exercise #4 with this
exercise. Lie in a recliner or
against propped up pillows.
Lift your operated arm
toward the ceiling and hold
for 5 seconds, repeat 5
times perform this 3 times a
day



12 weeks	Patient will see Dr. Hettrich prior to starting Phase 3 exercises	
Milestone	If Active Elevation to 90° in upright position cannot be performed 5	
	times in a row without scapular compensation start "Inability to	
	Lift Arm Protocol" (Page 6)	
	<ul> <li>If Active Elevation to 90° is performed without difficulty, then start</li> </ul>	
	Phase 3 exercises	
Phase 3	1. Active motion exercises are to be performed for 10 repetitions, 3	
Exercises	times/day	
	2. Posture exercises should be held for 5-10 seconds and repetitions	
	progress from 10-30 as tolerated, 3 times/day	
	3. Resistance exercise should be performed without substitution with light	
	resistance progressing from 10-30 repetitions as tolerated 1 time/day	
Goals	Restore active motion in multiple planes without pain or scapular	
	substitution over the next 6 weeks	
	Initiate light strengthening exercises with short lever arm resistive	
	exercises	
Patient	No sling at all unless ice/snow	
Instructions for	2. Use arm for normal daily tasks	
Daily Life	3. Do not lift anything greater than 10 pounds with operated arm	
Therapist	Patients may begin to restore their active range of motion by using	
Instructions	active assistive devices such as a cane, pulley or the uninvolved arm in all planes.	
	2. Work on postural exercise and scapular retraction without overloading	
	the shoulder	
	3. Progress active assisted motion from supine to wedge to upright as	
	patient demonstrate smooth motion with no increasing in pain. Active	
	motion may be performed in front of a mirror or using the opposite hand	
	on the trapezius to prevent hiking of the shoulder.	
	4. Once active motion is well established and is pain free then light	
	resistive exercises can be started.	
	5. The patient should work with therapist 1-2 times per week until released	
	by surgeon, taking into consideration individual challenges, distance	
Active Assistive	4 exercises can be progressed from lying supine to wedge to upright as	
Motion	tolerated by the patient without increasing pain. Hold the cane with both hands.	

	Elevate the arms using the healthy arm use of the injured arm as directed by co	omfort. These exercise can be
	progressed to upright when comfortable  1. Assistive External Rotation – use stick if needed to rotate forearm away from the side hold for 5 seconds repeat 10 times 3 times/day.	
	2. Assistive Elevation – use stick if needed to reach overhead, hold for 5 seconds and repeat 10 times 3 times/day.	
	3. Assistive Abduction— use stick if needed to reach sideways overhead, hold for 5 seconds and repeat 10 times 3 times/day.	
	4. Assistive Hand behind back – use towel to gently pull your arm behind your back to gain motion in reaching behind you. Hold for 5 seconds and repeat 10 times 3 times/day.	Matsen Fig. 2-36
Posture Exercises	Put hands on hips, lean back and hold for 5 seconds repeat 10 times, 3 times/day	
Resistive Exercises	<ol> <li>Resistance exercise should be performance progressing from 10-30 rewith short lever arm and progress to</li> <li>Elevation progression should be use active motion before progressing to</li> </ol>	epetitions as tolerated 1 time/day. Start elbow straight ed if demonstrating compensation with
	Scapular retraction with light elastic resistance. Squeeze shoulder blades together while rotating arms apart from each other. Hold for 5 seconds, repeat 10 times, 2 times/day	
	Elevation Progression	

	a) Supine Punch – 0-2 pound weight punch up. Hold for 3 seconds, repeat for 2-3 sets of 10 repetitions. Once this is easy, progress to Wedge Punch.	
	b) Wedge Punch – 0-2 pound weight punch up. Hold for 3 seconds, repeat for 2-3 sets of 10 repetitions. Once this is easy progress to Standing Punch.	
	c) Standing Punch - 0-2 pound weight punch up. Hold for 3 seconds, repeat for 2-3 sets of 10 repetitions. Once this is easy progress to other resistive exercises.	Vene vene
Elastic Resistance Exercise		
Resisted Outward	External Rotation	( a ( b)
Rotation	While standing with involved elbow bent at 90°, place a towel between your side and elbow. Keeping the elbow in place at your side and bent at 90°, rotate involved arm outward to the side. Do not turn your body to the side as you rotate the arm outward.	
Resisted Inward Rotation	Internal Rotation  While standing with involved elbow bent at 90°, place a towel between your side and elbow. Keeping the elbow in place at your side and bent at 90°, rotate involved arm inward toward your stomach. Do not turn your body to the side as you rotate the arm inward.	

Resisted Forward	Flexion	
	Anchor the ends of the theraband to the door to make a loop. Stand inside the loop with your back to the door. Place one-foot forward, use the left foot for the right arm and reverse for the left arm. Punch your arm forward.	
Resisted Backward	Shoulder Extension	
Shoulder Pull	While standing with both arms straight at your side, grasp the theraband in both hands. Keeping your arms straight, pull the theraband backwards behind you with both arms. Squeeze or pinch your shoulder blades together as you pull arms back.	
20-24	Continue to progress with resistive exercises through available paragraph of motion without substitution potterns.	ain free
weeks/Phase 4 exercises	range of motion without substitution patterns  2. Initiate sport or work specific training activities	
	3. May lift up to 40 pounds	
	Precautions for weight lifting:	
	No overhead press exercises     No bench press with allow past body (Polled Path Towal on a	hoot)
	<ul><li>2. No bench press with elbow past body (Rolled Bath Towel on c</li><li>3. No behind the neck squats</li></ul>	nest)

## **Inability to lift arm Physical Therapy Protocol (Levy Protocol)**

Instructions for Therapist

The patient should work with therapist 1-3 x per week until released by surgeon

Goals	<ul> <li>The main goals of this physical therapy program are to: <ol> <li>Have the patient regain the ability to lift their arm against gravity without pain or substitution by progressing the patients through a progression of active arm mobility from gravity-minimized activities in supine to incline to upright active arm motion.</li> <li>Although full motion may not be achieved by all patients the goal is to increase active arm mobility to normalize activities of daily living</li> </ol> </li> <li>We encourage the use of the ice or the cryo-cuff to help control pain and</li> </ul>
100	inflammation if needed
Questions/ Concerns	If you have questions or concerns, please contact the patient's physician, Carolyn Hettrick at 859-218-3054
Phase 1	<ul> <li>Perform exercises 5 times a day for 5-10 repetitions</li> <li>Lie on back with head on pillow for comfort</li> <li>Support or assist arm to straight up toward ceiling (90°)         <ul> <li>May flex elbow if having difficulty with arm straight</li> </ul> </li> <li>Hold arm and gradually elevate toward head and lower toward feet with ability to return to straight up in the air, progress 1 inch at a time, to gain control of arm.</li> <li>Start by using opposite hand for support</li> </ul> <li>Progress to performing without use of opposite hand through arc of motion (Therapist hands)</li>
Phase 2	<ul> <li>Perform exercises 5 times a day for 5-10 repetitions</li> <li>Lie on back with head on pillow for comfort</li> <li>Hold a can of soup in hand (dumbbell) with arm straight up to ceiling</li> <li>Move arm through arc of motion with resistance. Start with 2 inches up and</li> </ul>
	down, gradually increasing the arc as strength increases.

	In some patients, squeezing a ball between hands (subscapularis activation) or pulling light elastic resistance (infraspinatus activation) will overcome sticking points in the arc of motion. Return to using one are a soon as possible.
Phase 3	<ul> <li>Perform exercises 5 times a day for 5-10 repetitions</li> <li>Lie on a wedge at 30° incline (or on top of approximately 2 pillows)</li> <li>Move arm up and down through arc of motion <ol> <li>Opposite hand supporting</li> <li>No assistance from opposite hand</li> <li>With a soup can through an increasing arc of motion</li> </ol> </li> </ul>
Phase 4	<ul> <li>Perform exercises 5 times a day for 5-10 repetitions</li> <li>Lie on a wedge at 60° incline (approximately 2 pillows against headboard/wall or in a recliner)</li> <li>Move arm up and down through arc of motion         <ol> <li>Opposite hand supporting</li> <li>No assistance from opposite hand</li> <li>With a soup can through an increasing arc of motion</li> </ol> </li> </ul>
Phase 5	<ul> <li>Perform exercises 5 times a day for 5-10 repetitions</li> <li>Standing or sitting upright</li> <li>Move arm up and down through arc of motion <ol> <li>Opposite hand supporting</li> <li>No assistance from opposite hand</li> <li>With a soup can through an increasing arc of motion</li> </ol> </li> </ul>