

DR. JAMES KELLY

TOTAL SHOULDER
PHYSICAL THERAPY PROTOCOL

General Guidelines:

- Maintain surgical motion early, but don't push it.
- Protect the subscapularis repair: No internal rotation resistance until at least 4 months for patients with tenotomy.
- For patients with Lesser Tuberosity (LT) osteotomy, internal rotation strengthening may progress as tolerated after 3 month post op checkup with xray to confirm LT healing.
- Strengthen the surrounding musculature-this can start anytime.
- Alternate between pool and land therapy.
- Minimize heavy, excessive cyclic loads for the first 6 months.
- No pulleys in first 6 weeks.
- No resistance until 4 months, except for periscapular muscles.

This is a gradual progression, not a stepped progression!!

Outpatient Rehab

Phase I 0-3 weeks post op

- SLING:
 - On except for:
 - Exercises
 - Dressing
 - Eating
 - Shower: Most have subcuticular closure with glue and may shower immediately.
- PROM (Performed by Therapist, not to exceed surgical rom)
 - FLEX, ER to neutral – minimize reps (5-10)
 - Therapist PROM should NOT be excessively painful. If it is STOP!!!
 - Encourage Patient PROM
 - Pendulums and Codman's ex's
 - Towel Slides or equivalent
 - Pool for PROM, if possible, after wound healed (about 2 weeks).
 - General conditioning (stationary bike, treadmill, etc)
 - Maintain hand strength
 - Maintain normal motion at the elbow/wrist
 - Maximum ER to Neutral



3-6 weeks post op.

- SLING
 - Wean
 - Wear at night and when out of house
 - Don't use arm to push up out of chair!!!
- Supine AAROM (not to exceed surgical rom)
 - FLEX, ABD, ADD, IR with towel, start ER at 6 weeks (minimize reps 5-10).
- Pool for PROM and AAROM (water is the assistance)
 - Use combined motions and teach fluidity of movement.
 - 10 reps with combined movements in pool.
- Light scapular strengthening (i.e. scapular setting, gentle MR scap protraction and retraction).
- Gentle joint mobilization and soft tissue mobilization to restore normal scapular mobility.
- Nerve glides as necessary

See pt 1-2x/week; mainly in the pool, if possible. Develop HEP for pt to work on PROM both in the pool and on land.

Phase II 6-12 weeks

- Discontinue sling
- Continue with PROM.
- More AAROM on land
 - Progress from SUPINE to SEATED, then to STANDING position.
- At 6 weeks begin AROM on land, against gravity (straight planes only, no combined motions.)
- Pool – continue
 - AAROM and AROM
- Can begin pulley work and NOT BEFORE.
- Progress to some light closed-chain proprioceptive ex's (wall washing)
- Arm bike with no resistance.
- Gentle jt mobes to restore normal accessory glide motion in shldr girdle if necessary.

See 1-2x/week, (increase frequency to 3x/week if ROM is not progressing.)

Phase III 12-18 weeks post op

- Can begin AROM with COMBINED MOTIONS at 3 months (on land, against gravity).
- Begin light strengthening
- Begin strengthening for lats, rhomboids, biceps/triceps, pecs, and deltoids.
- Pool – continue
 - Use floats and paddles for resistive work in the pool.
- Increase scapular strengthening with theraband and light weights.
- Add more advanced proprioceptive ex specific for work, ADL's and sport.

See pt 2x/week, then transition to independent home ex program.

