

(PROTOCOL #15) TOTAL SHOULDER ARTHROPLASTY/HEMI SHOULDER ARTHROPLASTY PROTOCOL

Jackson Orthopedic Specialists, P.L.L.C.
Robert M. Doane, M.D., P.C.
956 Cooper Street; Jackson, MI 49202
Phone: (517)787-3900 Fax: (517)787-4318
www.jacksonorthopedicspecialists.com
info@jacksonorthopedics.com

The following is a set of general guidelines. It is important to remember that each patient is different. The progression of the patient depends on many factors including age and medical health of the patient and physician preferences. Any Bracing is discontinued **ONLY UPON DIRECTION OF PHYSICIAN**.

PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
Post-op 2 weeks	OT: elbow/hand ROM putty and ADL modifications Stick, pendulum, pulley-Flexion, Abduction Isometrics: biceps/triceps, deltoids forward/backward/middle Arm Press	DASH questionnaire at time of evaluation and every 4 weeks Decrease pain Increase ROM to WFL Limits on external rotation to 20° or as specified
4 weeks	All of above: including Internal rotation-towel stretch	Continue to decrease pain Movement reeducation for Glenohumeral and Scapulohumeral rhythm.
6-8 weeks	All of above: including AROM UBE start after begin AROM	BRACING DISCONTINUED ONLY UPON DIRECTION PHYSICIAN
8 weeks	All of above: including Gentle manual stretching rotation Internal rotation: isometrics gentle Start advancing restrictions on ROM limitations Start theraband strengthening IR/ER then Flex/ext then abduction; progress over 1-2 week period; start every other day, progress to daily	
10-12 weeks	All of above: including	
12 weeks +	All of above: including Periscapular exercises prone Full arc theraband	

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PHASE	FUNCTIONAL PROGRESSION/ACTIVITIES	GOALS/RESTRICTIONS
14 weeks	All of above: including More strengthening: light dumbbell, biceps/triceps, Advance therabands At 14 weeks can start full arc banc, i.e. 90°	Activities: Gradually increase activity Golf: pitching wedge to start in approx 6 months Bowling: use weighted ball at approx 6 months Tennis: same start slow gradually increase activity Driving: able to drive, monitor meds Shower: usually after first dressing with watertight Dressing Throwing: 6 months

Refer to enclosed table for suggested exercises which optimize muscle function based on EMG activity

Approved By:

Physician reserves the right to adjust these protocols for each patient.

Signature: _____ Date _____
 Robert M. Doane, M.D., P.C.

Signature: _____ Date _____
 Balu Pisupati, PT

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