



TOTAL SHOULDER REPLACEMENT REHABILITATION GUIDE

PHASE	SUGGESTED INTERVENTIONS	TO ADVANCE TO NEXT PHASE
<p>PHASE I EDUCATIONAL PHASE</p> <p>1-2 EXPECTED VISITS</p>	<p>Goal: -Discuss details encompassing anatomy, existing pathology, post-operative rehabilitation schedules, bracing protocols, and anticipated progressions in the aftermath of a surgical procedure constitutes a comprehensive and vital aspect of the overall healthcare process. Discuss the use of braces during the recovery period, detailing types, duration, and any adjustments based on the surgical procedure.</p> <p>ROM: -Have a discussion of Range of motion expectations through the rehabilitation progress - will be based on individual performance through every progression phase.</p> <p>Immediate Post-Operative Instructions: -Addressing comprehensive pre-surgical preparation, the following key aspects should be considered: home safety and assistance, recommendations for relevant equipment, prescribed Upper Extremity (UE) exercises to be performed prior to the surgery, guidance on the proper donning and doffing of the immobilizer, techniques for independent dressing, and clear expectations regarding postoperative pain management.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Enhance Range of Motion (ROM) and strength before the surgery. 2. Ensure the patient feels at ease with postoperative plans.
<p>PHASE II ACUTE PHASE</p>	<p>Goal: -For best post-op recovery physician will guide education and training for patients, their families, or coaches will be delivered through either individual sessions or group settings. The emphasis will cover crucial elements, including safeguarding oneself during mobilization and transfers, comprehending and adhering to the Home Exercise Program (HEP), mastering the technique of donning and doffing the immobilizer, and acquiring proficiency in effective dressing techniques.</p> <p>ROM: -Limit passive external rotation (ER) to no more than 30 degrees and refrain from excessive shoulder extension beyond 0 degrees.</p> <p>ACTIVE ASSISTED RANGE OF MOTION (AROM) -Flex and extend the elbow, perform wrist flexion/extension, open and close the hand, and engage in gripping actions.</p> <p>PASSIVE RANGE OF MOTION (PROM) -Engage in passive range of motion (PROM) exercises, including flexion and scaption within tolerance levels. Additionally, perform external rotation (ER) up to 20-30 degrees in the scapular plane, internal rotation (IR) toward the chest wall, and consider incorporating pendulum exercises if feasible.</p> <p>Post-Op Precautions: -Refraining from active motion of the surgical shoulder. -Wearing the sling/immobilizer except during designated exercises. -Avoiding the support of body weight with the involved hand. -Maintaining cleanliness and dryness of incisions. -Limiting passive External Rotation (ER) to no more than 30°. -Steering clear of excessive shoulder extension beyond 0°.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Provide instruction on the Home Exercise Program (HEP). 2. Assess and deliver education on mobility, dressing, and self-care. 3. Educate the patient on relevant restrictions.

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<p>PHASE III PEAK PROTECTION PHASE 0-4 WEEKS</p> <p>4-8 EXPECTED VISITS</p>	<p>Goal: -Refrain from engaging in active motion with the surgical shoulder. Limit passive external rotation to no more than 30 degrees and avoid excessive shoulder extension beyond 0 degrees. The sling should be always worn except when performing prescribed exercises. Avoid supporting body weight with the involved hand. Maintain the cleanliness and dryness of incisions throughout the recovery period.</p> <p>ROM: ACTIVE ASSISTED RANGE OF MOTION (AAROM) -Participate in Cervical Spine (C-spine), and engage in Active Range of Motion (AROM) for elbow, wrist, and hand. PASSIVE RANGE OF MOTION (PROM) -Perform Shoulder Passive Range of Motion (PROM).</p> <p>Recommended Applications: -Cryotherapy, Electrical Stimulation. -Avoid the application of heat for 2 weeks. -Utilize soft tissue mobilization. -Conduct scapular mobilization. -Implement light Glenohumeral (GH) mobilization grade 1 for pain control.</p> <p><i>*Ask healthcare provider for recommended exercises during this phase</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Alleviate pain and edema. 2. Commence early Passive Range of Motion (PROM) with a goal of achieving 90° flexion and 30° of External Rotation (ER) in the scapular plane. 3. Educate the patient on relevant restrictions. 4. Progress to PROM flexion up to 120° during weeks 3-4 postoperatively.
<p>PHASE IV MOBILITY & MUSCLE ACTIVATION PHASE 5-8 WEEKS</p> <p>9-12 EXPECTED VISITS</p>	<p>Goal: -Gradually decrease the use of the sling as tolerated and in accordance with the physician's guidance, typically within the 6-8 week range. Refrain from engaging in overhead activities during this recovery period. Additionally, continue to prioritize the protection and care of the subscapularis repair to promote optimal healing.</p> <p>ROM: AAROM -Initiate Assisted Active Range of Motion (AAROM) at 4 weeks</p> <p>AROM -Progress to Active Range of Motion (AROM) at 6 weeks.</p> <p>Recommended Applications: -Implement soft tissue mobilization. -Perform scar mobilization. -Engage in light Glenohumeral (GH) mobilization. -Conduct scapular mobilization.</p> <p><i>*Ask healthcare provider for recommended exercises during this phase</i></p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Perform active flexion within the range of 100-120°, External Rotation (ER) up to 45-60°, and Internal Rotation (IR) reaching to the belt line. 2. Achieve a strength level of 3/5 for flexion and abduction in the scapular plane. 3. Gradually reintegrate the use of the involved Upper Extremity (UE) in light Activities of Daily Living (ADLs).
<p>PHASE V MID- STRENGTHENING PHASE 9-12 WEEKS</p> <p>13-14 EXPECTED VISITS</p>	<p>Goal: -Persist with the exercises from the preceding phase and seamlessly integrate the use of the affected Upper Extremity (UE) into various daily activities.</p> <p>ROM: AAROM -Progress Active Range of Motion in all planes.</p> <p>Strength Training: -Start light resistance exercises (1-2 lbs) at 10 weeks, as tolerated.</p> <p>-If impingement signs or restricted Range of Motion (ROM) persist, continue with joint mobilizations.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Achieve active flexion within the range of 130-160°, Internal Rotation (IR) reaching to the thoracic spine, and External Rotation (ER) up to 80°, recognizing that individual patient outcomes may vary based on diagnosis and co-morbidities. 2. Attain a strength level of 4/5 for flexion, abduction, and External Rotation (ER). 3. Resume participation in all Activities of Daily Living (ADLs) with minimal pain.



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<p>PHASE VI PROGRESSED MOBILITY & ACCELERATED PHASE 3-6 MONTHS</p> <p>15-18 EXPECTED VISITS</p>	<p>Goal: -Avoid participating in high-velocity throwing or swinging activities for a period of 4-6 months, adhering to the preferences outlined by the physician. Consistently perform Range of Motion (ROM) exercises as needed and progressively advance resistance exercises based on individual requirements. During sessions, focus on monitoring the Home Exercise Program (HEP), offering cues, and making any necessary modifications to ensure effective rehabilitation.</p> <p>Progress to Daily Activities: -Commence with light throwing activities. -Gradually transition to moderate resistance exercises. -Incorporate body weight-supported exercises specifically targeting the shoulder. -Introduce sport-replicating motions with progressive increases in velocities and resistance, adjusting as tolerated.</p>	<p>Criteria:</p> <ol style="list-style-type: none"> 1. Resume advanced functional activities without restrictions. 2. Achieve Range of Motion (ROM) within 90% of the opposite side. 3. Attain strength, measured with a Hand-Held Dynamometer (HHD), within 90% of the opposite side.

