LAKESHORE
BONE & JOINT INSTITUTE
ORTHOPEDIC EXCELLENCE. KEEPING YOU IN MOTION.

Neel P. Jain, MD
Orthopedic Surgery
Sports Medicine
Direct Line (219) 250 - 5038
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Anatomic Total Shoulder Arthroplasty, Hemiarthroplasty & Resurfacing Protocol

Name _____ **Date** _____

Procedure _____

Procedure Date _____

Frequency 1 2 3 4 5 times/week **Duration** 1 2 3 4 5 6 weeks

FIRST THERAPY VISIT

- Therapy appointment should be scheduled for 3-5 days postoperatively.
- Goals of therapy visit include:
  - Surgical site evaluation (see below for instructions)
  - Brace/sling education and adjustment as needed
  - Review of therapy protocol, expectations, and plan
  - Initiation of early phase therapy ONLY if applicable (follow protocol as outlined below)
- Surgical site evaluation
  - Incisions are closed with one or combination of below methods
    - Staples
    - Nylon sutures (black sutures)
    - Monocryl sutures covered with steristrips or glue
    - Prineo dressing (clear adherent glue dressing)
- Dressing Care:
  - Wash hands with antibacterial soap before changing or examining the dressing.
  - There will be gauze and padding over the incisions, and the extremity may be wrapped with an ACE wrap.
  - The therapist should **change the surgical dressing using sterile technique,** which includes:
    - Sterile field
    - Sterile gloves
    - Betadine or chlorhexidine skin cleanser
    - Sterile supplies
  - **Do NOT remove** Steri-Strips, glue dressing, sutures, or staples.
  - The new dressing should include dry gauze and tape/ACE wrap. If there is a prineo dressing, no covering is needed. Ensure wounds are clean and dry before applying a new dressing, without removing Steri-Strips or glue.
  - Do **not** use **Tegaderm** unless it was applied during surgery or specifically stated in the orders.

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If there are any concerns regarding the incisions or dressings, the therapist should call the office immediately at (219) 250-5038.

- Post-Op Incision Care
  - **Unless otherwise instructed, incisions must remain dry for seven days.**
  - **Showering:**
  - The incisions must be **sealed off in the shower** until cleared by the physician.
  - Prineo and glue dressings are water-resistant, and **incisions covered by these dressings may get wet after 3-5 days** (minimize water exposure).
  - **Do NOT scrub the area.** Instead, gently rinse with warm, soapy water.
  - Pat dry with a clean towel and **avoid lotions or creams.**
  - **Do NOT soak** in a **pool, bath, or hot tub** until cleared by the surgeon.
  - Wear **clean clothes** after showering and avoid pet hair or other contaminants near the surgical site.
  - **Do NOT apply ointments or medications** to the surgical area.

*****Range of motion is an important progression of therapy, but limiting swelling is important. Respecting swelling will decrease pain and improve motion.*****

Week 0-1:

- Patient to do Home Exercises give post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)

Weeks 1-6:

- Sling for 6 weeks
- PROM → AAROM → AROM as tolerated, except . . .
  - No active IR/backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and repaired afterwards
  - No resisted internal rotation/backward extension until 12 weeks post-op
- ROM goals: Week 1: 90º FF; ABD max 75º without rotation
- ROM goals: Week 2: 120º FF; ABD max 75º without rotation
- **Generally, NO ER greater than 10 degrees for 6 weeks – CHECK THE END OF OPERATIVE NOTE FOR ANY DEVIATION FROM NORMAL PROGRESSION**
- Grip strengthening OK
- Canes/pulleys OK if advancing from PROM
- Heat before PT, ice after PT
- DC sling at 6 weeks

Weeks 6-12:

- Progress AAROM → AROM for internal rotation and backwards extension as tolerated, if not already begun.
- Goals: Increase ROM as tolerated with gentle passive stretching at end ranges

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- Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only
  - No resisted internal rotation/backwards extension until 12 weeks post-op
  - No scapular retractions with bands yet

Months 3-12:

- Begin resisted IR/BE (isometrics/bands): isometrics → light bands → weights
- Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid, and scapular stabilizers.
- Increase ROM to full with passive stretching at end ranges
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

Comments:

Teach HEP_____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature_____ **Date** _____