



CONNECTICUT  
CENTER FOR  
ORTHOPEDIC  
SURGERY, LLC

James T. Mazzara, MD

Orthopedic Surgeon

www.OrthoOnTheWeb.com

## Postoperative Total Shoulder Rehabilitation Protocol

### Phase I: 0-3 weeks – exercise 4-5 times per days

#### Goals

1. Patient education
2. Allow healing of subscapularis
3. Control pain and inflammation
4. Initiate range of motion exercises
5. **With the exception of special cases, patients are encouraged to refrain from using their sling unless they are in public or experiencing discomfort.**

#### Postoperative day 1 (AM session)

1. Educate patient on precautions
2. Pendulum exercises
3. Elbow AROM, hand squeeze exercises
4. Ice (Instruct patient on use of ice at home)

#### Postoperative day 1 (PM session)

1. Review precautions
2. Pendulums, elbow AROM, and hand squeezes
3. Supine passive forward external rotation in plane of scapula within limits of range determined in OR – **to be set by surgeon: \_\_\_\_\_ degrees**
4. Ice

#### Postoperative days 2-5

1. Continue with above until patient is independent with home exercises and precautions
2. Begin light ADL activities (hand to mouth, writing, etc.)
3. Ice

#### Postoperative days 7-10 (first MD visit postsurgery)

1. Review home exercise program
2. Add Phase II stretching (if good tissue quality), PROM internal rotation and cross body adduction, abduction. – **MD will indicate that patient may progress as tolerated or progress slowly due to poor tissue quality.**
3. Hand squeezes and AROM of elbow without weights
4. Pendulum exercises
5. Supine PROM forward elevation in plane of scapula (Goal 130 degrees FE, 20 degrees ER)
6. Active periscapular shrugs, circles, and retraction

### Phase I

- Patients may be discharged for the hospital between 1-3 days after surgery depending on their home support systems and their understanding of their rehab protocol and precautions after surgery.
- Rehab begins on post-op day 1. Patients should expect swelling and discoloration in the affected arm and occasionally the chest wall as a result of the surgery.
- Patients should use ice for control of pain and inflammation.
- Patients can use the arm for waist level activities and may bring their hand to their mouth with their arm at their side.
- They should not sleep on or make sudden movements with the operated side.
- They should avoid lifting, carrying, pushing, pulling and leaning on the affected side.

**Phase 1 (continued)**

- Therapists should document distal neurovascular exam, passive arcs of forward elevation and external rotation.
- The therapist should be aware of the limits of ROM (*especially external rotation*) achieved in the OR.
- Exercises should be performed 3-4 times per day.
- Hand squeezes and active elbow ROM (without weights) are encouraged.
- Pendulums should be performed 25 times in each direction.
- Supine passive forward elevation with the opposite hand and external rotation with a stick (*to a limit determined by the surgeon*) are started post-op days 1.
- Patients are expected to perform these exercises independently before discharge and should achieve 130 degrees of elevation and 20 degrees of external rotation.
- Phase II stretches are begun after 7-10 days. These include stretches for extension, internal rotation, and horizontal adduction, abduction.

**Phase II: 3-8 weeks**

## Goals

1. Decreased pain and inflammation
2. Increased ADL activity
3. Continue stretching until full PROM is achieved
4. Initiate strengthening exercises (Isometrics only until subscapularis has healed)

## Treatment

1. Review all exercises and precautions
2. Phase II stretching (if not already). Continue stretching exercises and AAROM (pulley, ladder, cane exercises).
3. Initiate submaximal isometrics for rotator cuff (omit internal rotation isometrics until subscapularis has healed – at approximately 6 weeks post op.)
4. Progress to phase I strengthening at 4-6 weeks
5. Scapular strengthening (Shoulder shrugs, scapular retraction, supine scapular stabilization)

**Phase II**

- Continue all stretches until full passive ROM is achieved.
- At 3-6 weeks, patients should be able to perform many waist level ADLs.
- At 4-6 weeks post-op, phase I strengthening with elastic bands can be started and progressed. ***This does not include IR strengthening that would recruit the subscapularis.***
- When the patient can perform all phase I exercises with a green band, phase II strengthening can be started.
- Shoulder shrugs and scapular retraction can begin at 4 weeks post op.
- For patients working with a therapist, manual resistance in the plane of the scapula can be started using alternating isometrics.
- **Limited goals patients** may begin phase II stretches at 3-6 weeks post-op. They may initiate submaximal rotator cuff isometrics and scapular strengthening at this time.

**Phase III: 6-12 weeks**

Goals

1. PROM full and pain free
2. Increase functional activities
3. Increase strength of scapular stabilizers

Treatment

1. Phase II strengthening
2. Upper extremity PNF diagonals
3. Progressive resistance of shoulder shrugs, scapular retraction, biceps, triceps.

**Phase III**

- At 8-12 weeks after surgery, the patient should have full and pain-free passive Rom and good rotator cuff strength.
- Phase II strengthening can begin if they have not already been started.
- These include abduction to 45 degrees, forward elevation, and external rotation at 45 degrees.
- Resistance for shoulder shrugs, scapular retraction, biceps curls, triceps extension is progressed with elastic bands.
- For patients working with a therapist, manual resistance in unsupported positions can be progressed utilizing alternating isometrics and PNF diagonals.
- **Limited goals patients** with adequate soft tissue healing and stability can begin phase I strengthening.

**Phase IV: 12-16 weeks**

Goals

1. Full functional activities
2. Return to work or sports

Treatment

1. Work or sport specific training for laborers or athletes
2. Suggest modifications to work, sport, or functional activities

**Phase IV**

- Begins 12 weeks post surgery.
- Patients are discouraged from participating in heavy work or recreational activities that high loads and forces to the glenohumeral joint.
- Golf, swimming, cycling, aerobics and running are acceptable.