

Shoulder Arthroplasty Post-Operative
Rehabilitation Protocol
Scott P. Fischer, M.D.

0-6 weeks after surgery:

1. **Sling Usage** - Wear your sling at night for sleep and when out of the house during the daytime. When at home, it is ok to be out of the sling provided it is comfortable to do so, but do not use the arm we repaired to lift or carry anything, do not use it to push or pull on anything and do not use this arm open doors or assist you in getting up out of bed or out of a chair.
2. **Range of Motion** - It is good to move your neck, fingers, hand, wrist and elbow through their full range of motion for 2-5 minutes several (at least 3) times a day to prevent swelling and stiffness. It is ok to reach your hand up to your mouth, but do not reach behind your head, or behind your back. When moving your arm about at your side, the elbow should not move more than 6-8 inches away from your torso, unless you are performing therapy exercises as instructed by me or my staff. It is good to retract your shoulder blades behind your back (try to pull them down towards the floor and "pinch" them together) frequently throughout the day to maintain good posture and decrease muscle tightness in your shoulder girdle.
3. **Physical Therapy** - This will consist of stretching and range of motion "exercises" that you do on your own at home and perhaps rehabilitation at a Physical Therapy office for "hands on therapy". We will need to individualize this for you at each office visit depending upon how strong your tendon repair was, how stiff you are getting and the amount of PT your insurance allows. During these first 6 weeks we will focus on removing stiffness and regaining passive range of motion. It will be good to do limited isometric exercises (we will specify which ones you can do) but you will not use weights or other resistance training for at least 6 weeks after surgery. Range of motion exercises will vary from patient to patient but will usually include pendulum movement "exercises", table top slides or bowing stretches, use of your good arm to move your repaired arm and perhaps the use of a "pulley" to elevate your arm (again, we will indicate which of these you can safely perform).

6-12 weeks after surgery:

1. **Sling Usage** - The sling can be discontinued at night and when out of the house but keep it handy in your car, purse or briefcase to use if your arm becomes fatigued or sore.
2. **Range of Motion** - You can now begin to actively raise your arm away from your side to reach overhead and rotate outward away from your side as comfort allows. Always loosen up your shoulder with several shoulder shrugs and “scapula clocks”, then retract your shoulder blades down and backwards and then finally you can proceed to raise your arm upward aligned with your scapula (we or your therapist will teach you all of this prior to you starting to do these exercises). Usually, we initially perform the reaching overhead exercises with your arm positioned in line with your scapula (shoulder blade) to help keep the ball centered in the socket of the shoulder joint and to reduce the strain on your repair (we will teach you this position which is half-way between straight forward and fully out to your side).
3. **Physical Therapy** - At 6-8 weeks you will begin to do some gentle resistance exercises avoiding direct stress on your repair. The resistance will then increase over time as your shoulder progressively heals.

12-16 weeks after surgery:

1. **Range of Motion** - This is generally unrestricted by this time.
2. **Physical Therapy** - Often this is now performed on your own either at home or in a gym, but there will likely be some continuing restrictions for two more months with regard to certain exercise activities such as bench presses, military or incline presses and other heavy resistance training. This may also apply to certain heavy work activities such as repetitive heavy lifting or prolonged ladder climbing, etc.