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Notes:

**This protocol is designed to serve as a guide for the rehabilitation process.*

It is not intended to supersede clinical judgment and decision making. Progression through each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical experience.

Estimated Return to Sport/Work:

Manual: PROM/AAROM PRN
Scapulothoracic and GH rhythmic stabilization/MRE
Modalities: Cryotherapy PRN

Criterion for Progression:

- 1)Able to actively elevate shoulder against gravity with good mechanics to 120 degrees in standing**
- 2)AROM in supine flex to 140, abd to 120, ER to 60, IR to 70**

Phase III – Tissue Remodeling/Hypertrophy Moderate strengthening (12+ weeks)

- Goals:**
- 1) Enhance functional use of extremity
 - 2) Advance functional activities
 - 3) Improve muscular strength, power, and endurance
 - 4) Progress weight bearing exercises as appropriate

ROM: Progress PROM, AAROM, AROM as tolerated
Exercise: Resisted flexion/elevation in standing as appropriate
PRE IR/ER
CKC GH R/S stabilization at wall; ball circles
Scapular retractions – rowing, robbery, prone horizontal abduction

Criterion for Progression:

- 1)Non-painful ROM up to 120 degrees of elevation and functional ER of 60 degrees**
- 2)Independent with ADLs**
- 3)Pt goal to return to recreational activities within limits**

Phase IV – Sport Specific Training (4-6 months) - *if patient goal and MD clearance*

- Goals:**
- 1)Begin sport specific drills
 - 2)Normalize neuromuscular control
 - 3)Prepare for return to sport

Exercise Restrictions:

Lifting limit = _____ pounds indefinitely

**No pushups and most contact sports unless cleared by MD*

Approved sports include:

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TOTAL SHOULDER ARTHROPLASTY

ROM

Sling Use:

Sling: _____ weeks

With Sleep: _____ weeks

Recommended Clinical Guidelines

Wear sling 3-6 wks^{23,35}

PROM/AAROM

(0-3 weeks) Flex/Abd 0- 90

ER 20-30

IR to belly

(4-6 weeks) Flex 0-140

Abd 0-120

ER to 60

IR to 70

AROM – initiate week 6

Precautions

*No RBB/combined
Shoulder adduction, IR, and
extension x6 weeks

*Support elbow with lying
supine to avoid shoulder
extension x 6 weeks

*No lifting of objects (> 3Kg
pounds) and no WBing into
UE x12 wks

*No sudden jerking motion x 12
weeks

Phase I – Tissue and Joint Protection/Healing Phase (0-6 weeks)

- Goals:**
- 1) Reduce pain/inflammation
 - 2) Maintain integrity of replaced joint
 - 3) Minimize scar adhesion formation
 - 4) Allow soft tissue healing
 - 5) Reduce muscular inhibition

ROM: PROM per MD restrictions
AROM of cervical spine, elbow, wrist, hand only

Exercise: Scap Squeezes³¹
Pendulum^{5,14,20,34}
Wand Ex flexion/ER⁵
Pulleys^{4,5,14,35}
Table slide flexion¹⁷
Isometric ER in scapular plane¹⁴
Gentle resisted exercise of elbow, wrist, hand
AAROM horizontal adduction/abduction (week 4)^{14,36}

Manual: PROM of shoulder^{5,14,35}
GH and scapulothoracic joint mobilizations (week 4)³⁵
GH and scapulothoracic rhythmic stabilization (week 4)³⁵

Modalities: Cryotherapy^{3,8,14,18,21,24,28,29,30,32}

Criterion for Progression:

- 1) ***Pt tolerates shoulder PROM flex 140, abd 120, ER to 60, IR to 70 (at 30 degrees abduction)***
- 2) ***Able to actively elevate shoulder against gravity with good mechanics to 100 degrees in standing***

Phase II – Tissue Proliferation Phase/Progression Phase (6-12 weeks)

- Goals:**
- 1) Gradual strength and endurance progression
 - 2) Gradually restore AROM
 - 3) Re-establish dynamic shoulder stability
 - 4) Optimize neuromuscular control
 - 5) Gradual return to functional activities with involved UE

ROM: Progress AROM as appropriate³⁵
Advance PROM to stretching as appropriate³⁵
Initiate assisted RBB stretch³⁵

Exercise: AROM - UE Ranger/Ball circles/Ball alphabet
Resisted IR/ER in scapular plane³⁵
Progressive supine active elevation at varying degrees of
elevation (Anterior deltoid re-education)¹⁹
Resisted flexion/abd/ext T band³⁵