

## **Shoulder Hemiarthroplasty Rehabilitation Protocol**

<b>Phase</b>	<b>Goals</b>	<b>Precautions / Restrictions</b>	<b>Treatment</b>
<b>Weeks 0 – 3</b>	<ul style="list-style-type: none"> <li>• Protect surgical site and repair.</li> <li>• Emphasize PRICE.</li> </ul>	<ul style="list-style-type: none"> <li>• PATIENT IS TO HAVE NO THERAPY TO SHOULDER DURING THIS TIME.</li> </ul>	<ul style="list-style-type: none"> <li>• FULL AROM / AAROM / PROM of the elbow / wrist / hand</li> <li>• Initial visit: FOTO PRO, QuickDASH</li> </ul>
<b>Weeks 3 – 6</b>	<ul style="list-style-type: none"> <li>• Protect surgical site and repair</li> <li>• Decrease pain and inflammation</li> </ul>	<ul style="list-style-type: none"> <li>• Remain in sling with abduction pillow for 6 weeks</li> <li>• No active shoulder ROM</li> <li>• No lifting of any object</li> </ul>	<ul style="list-style-type: none"> <li>• AROM of elbow, wrist and hand</li> <li>• Introduce pendulum / Codman exercises</li> <li>• PROM ONLY of the Shoulder with Forward elevation to 90° with neutral rotation and ER to 0°.</li> <li>• Teach HEP (2x per day)</li> </ul>
<b>Weeks 6 – 12</b>	<ul style="list-style-type: none"> <li>• Maintain integrity of repair</li> <li>• PASSIVE ROM by week 12: <ul style="list-style-type: none"> <li>◦ Flexion 90° - 120°</li> <li>◦ ER 0 - 30°</li> </ul> </li> <li>• Improve muscle activation and strength</li> <li>• Improve motor control</li> <li>• Teach HEP (2x per day)</li> </ul>	<ul style="list-style-type: none"> <li>• May discontinue pillow at week 6, and wean out of sling as able over next 1 - 2 weeks</li> <li>• Do not force motion</li> <li>• No weight bearing through the involved shoulder</li> <li>• Biceps curls (2 lb. limit)</li> <li>• No driving until the patient has normalized their arm function</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate shoulder motion: <ul style="list-style-type: none"> <li>◦ PROM → AAROM → AROM</li> </ul> </li> <li>• Initiate scapular stability exercise</li> <li>• Initiate shoulder isometrics (FE and ER ONLY): <ul style="list-style-type: none"> <li>◦ No IR, may begin IR isometrics at week 12</li> </ul> </li> <li>• Initiate manual resistance for isometrics or proprioceptive neuromuscular facilitation (PNF)</li> <li>• Continue with cardiovascular endurance</li> <li>• Modalities as needed</li> <li>• Week 6: QuickDASH, FOTO PRO</li> </ul>
<b>Weeks 12 – 16</b> <b>(Months 3 – 4)</b>	<ul style="list-style-type: none"> <li>• ACTIVE ROM by week 16: <ul style="list-style-type: none"> <li>◦ Flexion 120° - 140°</li> <li>◦ ER 30 - 40°</li> </ul> </li> <li>• Increase functional activity</li> <li>• Improve strength of RTC and scapular stabilizers</li> <li>• Improve endurance of RTC and scapular stabilizers</li> <li>• Increase intensity of exercise as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>• Slowly advance 5 lb. restriction</li> <li>• 10 lb. max lifting restriction</li> <li>• May use open kinetic chain as tolerated within restrictions and patient tolerance</li> </ul>	<ul style="list-style-type: none"> <li>• Increase scapular strengthening and stabilization</li> <li>• Initiate RTC isotonic as able provided no shoulder compensatory patterns</li> <li>• Continue with cardiovascular endurance</li> <li>• Continue with core stability</li> <li>• Incorporate soft tissue mobility/scar massage as needed</li> <li>• Modalities as needed</li> <li>• Week 12, QuickDASH, FOTO PRO</li> </ul>
<b>Weeks 16 – 24</b> <b>(Months 4 – 6)</b>	<ul style="list-style-type: none"> <li>• Maintain pain free ROM</li> <li>• Improve strength and endurance of RTC and scapular stabilizers</li> </ul>	<ul style="list-style-type: none"> <li>• Slowly advance from 10 lb. restriction to 25 lbs.</li> <li>• Begin work-specific activities as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Week 16: Continue Active Range of Motion <ul style="list-style-type: none"> <li>◦ FOTO, QuickDASH</li> </ul> </li> <li>• Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises as long as: <ul style="list-style-type: none"> <li>◦ Isometrics are progressing</li> <li>◦ No compensations during exercise performance</li> </ul> </li> </ul>
<b>Weeks 24 +</b> <b>(Months 6+)</b>	<ul style="list-style-type: none"> <li>• Initiate return to sport progression</li> <li>• Initiate higher level impact activity</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on form and control during exercise performance</li> <li>• Modify work, recreational or functional activity as necessary</li> <li>• Progress from 25 lb. weight lifting restriction to 50 lbs. by 1 year</li> <li>• After 1 year may initiate recreational lifting &gt; 50 lbs.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue with strength of total UE and scapular stabilizers</li> <li>• Low level sport specific activity, progressing to higher demand activity</li> <li>• Continue with Anaerobic + Aerobic interval training</li> <li>• Week 24: QuickDASH, FOTO, HHD / Isokinetics</li> </ul>

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient's progress may vary based on specifics of their injury and procedure.

