

## Shoulder Hemiarthroplasty Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
<b>Weeks 0 – 3</b>	<ul style="list-style-type: none"> <li>Protect surgical site + repair</li> <li>Emphasize P.R.I.C.E.</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>Elbow / Wrist / Hand – FULL PROM/AAROM/AROM</li> <li>Initial visit – FOTO PRO, QuickDASH</li> </ul>
<b>Weeks 3 – 6</b>	<ul style="list-style-type: none"> <li>Protect surgical site + repair</li> <li>Decrease pain + inflammation</li> <li>Initiate gentle, pain free, passive shoulder ROM</li> </ul>	<ul style="list-style-type: none"> <li><b>No Active Shoulder ROM</b></li> <li>No lifting of any object</li> <li>Remain in sling with abduction pillow for 6 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Introduce Shoulder Pendulum / Codman exercises</li> <li>Pain free shoulder <b>Passive ROM</b> with limits: <u>Forward elevation to 90° + External Rotation to 20°</u></li> <li>Teach passive HEP (1 x per day)</li> </ul>
<b>Weeks 6 – 12</b>	<ul style="list-style-type: none"> <li>Maintain integrity of repair</li> <li>Progressively increase <u>PASSIVE ROM → AA ROM</u> with below goals by week 12: <ul style="list-style-type: none"> <li>Flexion 90° - 120°</li> <li>ER 0 - 45°</li> </ul> </li> <li>Improve muscle activation, motor control, and strength</li> <li>Teach active assisted HEP (1 x 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><b>Do not force motion</b></li> <li><b>Do not perform resisted internal rotation / arm extension</b></li> <li><b>No weight bearing through the involved shoulder</b></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 <b>pain free</b> progression of 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 (<u>FE and ER ONLY</u>): <ul style="list-style-type: none"> <li>No active IR, may begin IR isometrics at week 12</li> </ul> </li> <li>Initiate manual resistance for isometrics or proprioceptive neuromuscular facilitation (PNF)</li> <li>Recovery modalities PRN based on patient tolerance and therapist office availability</li> <li>Begin low level cardiovascular exercise</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>Progressively increase AA ROM → ACTIVE ROM with below goals by week 16: <ul style="list-style-type: none"> <li>Flexion 120° - 140°</li> <li>ER 30 - 50°</li> </ul> </li> <li>Improve strength of RTC and scapular stabilizers</li> <li>Improve endurance of RTC and scapular stabilizers</li> </ul>	<ul style="list-style-type: none"> <li>Slowly advance from a 5 lb. restriction to 10 lbs.</li> <li>Initiate GENTLE PAIN FREE Internal rotation stretching behind the back</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 Rotator Cuff isotonic as able provided no shoulder compensatory patterns</li> <li>Progress cardiovascular exercise <ul style="list-style-type: none"> <li>Walking, Stationary Cycling, Jogging – No running</li> </ul> </li> <li>Continue with core stability</li> <li>Incorporate soft tissue mobility / scar massage PRN</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> <li>Increase functional capacity</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> <li>Focus on form and control during exercise performance</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>Focus on form and control during exercise performance</li> <li>Initiate return to sport progression and higher level impact activity</li> </ul>	<ul style="list-style-type: none"> <li>Modify work, recreational or functional activity as necessary</li> <li>Progress from 25 lb. weightlifting restriction to 50 lbs. by 1 year</li> <li>AFTER 1 year may initiate recreational lifting &gt; 50 lbs. with gradual progression.</li> </ul>	<ul style="list-style-type: none"> <li>Continue with strength of total upper extremity and scapular stabilizers</li> <li>Progress from low level sport specific activity 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.

