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Physical Therapy Protocol: Post-Operative Total Shoulder Arthroplasty vs. Reverse Total Shoulder Arthroplasty

PHASE 1: Initial Postop Period: WEEKS 0-4

Goals:

- Maintain subscap repair integrity
- Gradually increase PROM
- Become independent with modified ADLs
- Decrease pain & inflammation

Sling x 6 wks postop;

Critical to emphasize to patient that no active motion is allowed until 6 wks

- Codmans & Pendulum exercises.
- AAROM Hand, wrist, elbow, PRE's; Deltoid isometrics
- Passive supine forward elevation using the opposite hand progressing to gentle Active Assisted Forward Elevation.
- Passive, supine ER to 15° with broom handle
- No active ER or IR.
- Modalities, cryocuff, prn
 - Pts are instructed to ice or use cryocuff 30 min 4-5x/ day for first 10-14 days
- Visits are 1x/week until week 3, then 2x-3x/ week beginning in weeks 4-5
- Pulley exercises incorporated at week 4, pending 110° of painfree, passive forward elevation, as tolerated.
- Use cane for Passive ER to 15 degrees.
- By End of Phase 1: Goal = ~110-120°
- Fwd Elevation, 30° ER, Independent on gentle HEP

PHASE 2: Progressive Motion Period: WEEKS 5-8

Focus = Progressive restoration of motion

- Gentle AAROM progresses to AROM using weight of arm only, pain-free arc only, per exercises below.
- Wall walking & doorway external rotation exercises incorporated into HEP. *NO internal rotation. NO ER>50°*
- Begin scapular strengthening program, in protective range
- Wean sling at end of week 6

PHASE 3: Advanced Motion/Initial Gentle Strengthening Period: WEEKS 9 – 12

Focus = Continued restoration of motion & gradual incorporation of gentle strengthening AROM, AAROM for all shoulder exercises in impingement protocol.

- Only use 6 oz to one pound weights; Start 10-20 repetitions with no weight.
- Patient should experience only minimal pain with exercises or later in day.
- Advance to 40 repetitions without weight; then, increase weight by 2-4 ounces as tolerated but decrease repetitions back to 20 & slowly increase as tolerated to 40 repetitions. Do not exceed 1½ lbs.
- Gradually initiate gentle active IR at weak 10 but not beyond comfortable tolerance
- Scapular strengthening to reestablish normal scapulohumeral rhythm & full glenohumeral motion



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PHASE 4: Advanced Motion Period: WEEKS 13-24

- Progress on rotator cuff exercises with 2 lb. weight limit.
- Reestablish normal scapulohumeral rhythm, maintain glenohumeral motion
- ROM activities, emphasize flexion. Gentle passive stretch to tolerance forward flexion & external rotation
- Deltoid isotonic in plane of scapula, only after positive rotator cuff strength determined (esp. forward flexion)
- Progress Rotator cuff isotonic; Begin Theraband IR / ER week 16; Begin Biceps PREs'
- Continue with aggressive periscapular strengthening exercises (rhomboids, serratus, latissimus, teres)
- Begin Upper Extremity PRE's for large muscle groups at 20 weeks, i.e. pecs, lats, etc
- Begin isokinetic program at 20 weeks, IR / ER emphasize eccentrics; Continue with flexibility; modalities, prn

Goals:

Return to work & sports at ~6 months postop.

Optimal AROM to preset limits

- Emphasize Home Program: 5 days / wk for stretching/ice & 3-4 days / wk for strengthening

Signature: _____

