

## ANATOMICAL TOTAL SHOULDER JOINT REPLACEMENT REHAB PROTOCOL

PLEASE NOTE, this is the rehab protocol for ANATOMICAL shoulder joint replacement. For REVERSE total shoulder joint replacement, refer to appropriate protocol on website.

Please correlate to operation note for patient specific post-operative plan base on intra-operative findings.

- 0-4 weeks
  - Finger, wrist, elbow active range of motion exercises
  - Shoulder pendular exercises as soon as pain allows
  - Periscapular strengthening exercises with arm in sling, focusing on posture and scapular retraction
  - Sling at all times including sleep 0-6 weeks (except during elbow and shoulder pendular exercises)
  - Cryotherapy/ice pack and adequate analgesia
- After 4 weeks
  - Continue with above
  - Controlled active assisted and passive range of motion
  - Pain-free submax isometric shoulder exercises – adduction, abduction, external rotation, flexion, extension (arm in sling during these exercises) against wall. Please note, no isometric internal rotation exercise.
  - Wean out of sling slowly based on safety and comfort at week 6
  - No active internal rotation behind back for 6 weeks
  - No external rotation beyond neutral (forearm pointing forward) for 6 weeks
- After 6 weeks
  - Continue with above
  - Passive, active assisted graduating onto active shoulder range of motion in all planes
  - External rotation limited to 45 degrees from neutral
- After 12 weeks
  - Continue with above
  - Gradual strengthening with TheraBand and weights
  - No limitation in passive and active shoulder range of motion
  - Maximal external rotation (no limitation)
- After 16 weeks
  - Work and sport specific strengthening
- Follow-up appointments:
  - 2-3 nights in hospital
  - 2 weeks clinic for wound check and x-ray
  - 6 weeks clinic with Mr Francis Ting
  - 12 weeks clinic with Mr Francis Ting