

CANTON-POTSDAM HOSPITAL

CARING BEYOND MEDICINE

Department of Physical Rehabilitation

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Total Shoulder Arthroplasty

Surgical Procedure:

Total replacement: Humeral and glenoid components cemented, Subscapularis cut

Hemi Arthroplasty: with linear or detached rotator cuff tear only humeral component is replaced

Acute: Physical therapy will be initiated the first day following surgery per doctor referral. Once initiated, patient will be seen daily and weekends as appropriate. Consultation with case management and nursing will be done throughout patient's length of stay to coordinate patient needs and discharge plans. MD referral should include patient weight bearing status and any deviations from standard protocol.

Post-Operative Day 0-Discharge:

- Passive Flexion
 - The supine patient is instructed in how to perform passive flexion of the arm using the other arm as a power source and/or thru the use of a pulley and rope system attached to the overhead bed frame.
 - 5 second hold x 5 reps 4-6x/day
- External Rotation stretch
 - The supine patient is instructed in external rotation stretching exercises with cane/stick
 - 5 second hold x 5 reps 4-6x/day
- Pendulums
 - The erect patient is instructed in performing pendulums exercises 4-6x/day
- Sling
 - The sling is to be used when up and ambulating
 - The sling can be discontinued while the patient is in bed or sitting in a chair
- UE exercises
 - The patient is encouraged to use the hand and arm for gentle everyday activities ie feeding, brushing teeth, drinking etc
- The patient can usually be discharged on day 3 or when they have achieved 120 degrees of passive flexion and have external rotation of 10-15 degrees. They should be instructed to continue their exercises 4-6x/day
- The patient is encouraged to use the arm for daily living activities

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Outpatient Therapy

A comprehensive treatment program should be implemented based upon each individual patient's needs and within established therapy restrictions. Suggested PT/OT treatment/activities are listed below

0-5 Weeks:

Modalities- PRN

- for Pain Control and Edema Reduction

Sling

- Sling at night and intermittently throughout the day

Therapeutic Exercise:

- PROM limit/goal: Flexion of 140 degrees, ER 40 degrees, Abduction of 90 degrees, IR of 45 degrees
- **No active or Resisted IR**
- **No Resisted ER, no unsupervised ER**

6-9 weeks

Therapeutic Exercise

- AROM as tolerated
- Strengthening of posterior, anterior deltoid and rotator cuff
- Scapular stabilization exercises

10-12 Weeks

Therapeutic Exercise

- AROM goals: Flexion of 140 degrees, abduction 140 degrees, ER of 45 degrees, IR to T12
- Independent with HEP