

Rehabilitation Protocol:
Anatomic Shoulder Replacement
(Total and Hemiarthroplasty)

	RANGE OF MOTION*	IMMOBILIZER	THERAPEUTIC EXERCISE
PHASE I 0 - 6 weeks	Passive to Active-assisted to Active as tolerated within limits: FF $\geq 120^\circ$ ER= max 30° at side ABD= max 75° without rotation. No active IR or EXT	Worn at all times except for hygiene and therapeutic exercise for 6 weeks to protect subscapularis.	Elbow/wrist/hand ROM, grip strength. Pendulums. Isometric scapular stabilizers exercises. Canes and Pulleys. Modalities: heat before, ice after.
PHASE II 6 - 12 weeks	Add A/AAROM as tolerated for IR and extension. Continue PROM stretch at end ranges. Limit ER stretching to 45° .	None.	Begin light resisted ER/FF/ABD. Isometrics and therabands. (concentric motions only). No resisted IR/EXT or scapular retractions.
PHASE III 3 - 6 months	Progress to full active motion. No restrictions.	None.	Adv strengthening. Add IR/EXT and scapular retraction strengthening. Begin eccentric motions, plyometrics, closed chain exercises.

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PHASE IV 6 - 12 months	Full painless motion.	None.	Begin functional sport/work specifics. Return to sports and previous activity level as tolerated.
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