



Official Health Care Provider of the Louisville Cardinals

**Procedure:** Shoulder arthroplasty (hemiarthroplasty, anatomic TSA, reverse TSA)

**Description of Procedure:** An open approach to the glenohumeral joint is created and either just the humeral head (hemiarthroplasty) or the humeral head and glenoid (anatomic TSA, reverse TSA) are resurfaced.

**PT Frequency:** Begin ~1 wks postop, 2-3x wkly 0-4 mo, physician/therapist discretion afterwards. Home exercises daily.

**Dressing:** PT may perform dressing change as needed. Leave steri-strips/ xeroform gauze in place. Ok to shower with or without dressing. No tub bathing/ soaking until wound fully healed.

	ROM	Brace/ Sling	Therapeutic Exercises
<b>Phase I: 0-4 wks</b>	<p><b>0-1 weeks:</b> None</p> <p><b>1-4 weeks:</b></p> <ul style="list-style-type: none"> <li>ROM goals: Week 1-3: 120° FF/20° ER at side; ABD max 75° without rotation</li> <li>ROM goals: Week 3-4: 140° FF/40° ER at side; ABD max 75° without rotation</li> <li>No resisted internal rotation/backward extension until 12 weeks post-op given subscapularis tendon takedown and repair.</li> </ul>	<p><b>0-2 weeks:</b> Immobilized at all times day and night.</p> <p>Off for hygiene and gentle shoulder pendulums. Elbow out of sling multiple times daily for elbow motion.</p> <p><b>2-4 weeks:</b> Worn daytime only</p>	<p><b>0-2 weeks:</b> Elbow/wrist ROM, grip strengthening and pendulums at home only</p> <p><b>2-4 weeks:</b> Begin PROM to ER to 45° Codman's, posterior capsule mobilizations; avoid stretch of anterior capsule and extension; Closed chain scapula</p>
<b>Phase II: 4-12 wks</b>	<ul style="list-style-type: none"> <li>Begin AAROM → AROM for internal rotation and backwards extension as tolerated, if not already begun.</li> <li>Goals: Increase ROM as tolerated with gentle passive stretching at end ranges</li> <li>Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only</li> <li>**No resisted internal rotation/backwards</li> </ul>	<p><b>4-6 weeks:</b> Off at home. On only when out of house/ in community.</p> <p><b>6 weeks onward:</b> No brace/ sling</p>	<ul style="list-style-type: none"> <li>Continue Phase I work; begin active-assisted exercises, deltoid/rotator cuff isometrics at 8 weeks</li> <li>Begin resistive exercises for scapular stabilizers, biceps, triceps and rotator cuff**</li> </ul>

	<b>ROM</b>	<b>Brace/ Sling</b>	<b>Therapeutic Exercises</b>
	extension until 12 weeks post-op		
<b>Phase III: 12-16 wks</b>	<ul style="list-style-type: none"> <li>Begin resisted IR/BE (isometrics/bands): isometrics → light bands → weights</li> </ul>	None	<ul style="list-style-type: none"> <li>Advance activities in Phase II; emphasize external rotation and latissimus eccentrics, glenohumeral stabilization</li> <li>Begin muscle endurance activities (upper body ergometer)</li> <li>Cycling/running as tolerated at 12 weeks</li> </ul>
<b>Phase IV: 4 mo onward</b>	Full and pain free	None	<ul style="list-style-type: none"> <li>Aggressive scapular stabilization and eccentric strengthening; scapular perturbation</li> <li>Begin plyometric and throwing/racquet program, continue with endurance activities</li> <li>Maintain ROM and flexibility</li> </ul>

Typical follow up frequency is 2 wks with mid-level then with Dr. Richards at 4-6 wks, 3 mo, 6 mo, 9 mo, 1 yr, 2 yr, and 5 yr. Long term follow up is kindly requested for data collection. Frequency is subject to change pending patient progress. Progression back to sport is dependent on case-by-case basis and determined by Dr. Richards. If significant pain or swelling occurs, patient is expected to stop causative activity and follow up with our office. On call providers are always available.