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WOODSON TOTAL SHOULDER REHAB PROTOCOL

General Info:

This is a list of general guidelines for a total shoulder rehab program. These guidelines may change based on fixation, condition of repaired tissue, variations in surgical procedures, age, and patient's response to treatment. Please call our office if there are any questions.

Post-Op Phase I

- Goals:
 - Soft tissue healing while maintaining integrity of the replaced joint
 - Passive range of motion (PROM) is gradually increased in the shoulder
 - Active range of motion (AROM) of the elbow/wrist/hand is restored
 - Pain and inflammation is reduced
 - Activities of daily living are modified in order for patient to perform them independently
- Precautions:
 - Sling should be worn during the 1st week, including for sleeping and when out in public, then for comfort only
 - Sling should be gradually removed during the 1st week to move the elbow, wrist and hand
 - A small pillow should be placed behind the elbow when lying supine to avoid shoulder hyperextension, anterior capsule stretch and subscapularis stretch
 - Formal physical therapy is not to start during the 1st post-op week
 - No lifting of objects heavier than a coffee cup
 - No excessive shoulder motion behind the back
 - No excessive stretching or sudden movements (especially external rotation)
 - No supporting of body weight on the involved side
 - Keep incision clean and dry (no immersing for 2 weeks)
 - No driving until off all narcotic pain meds
- Post-Op Day 1 (in-patient):
 - Passive forward flexion in supine to tolerance
 - External rotation in scapular plane to available PROM; usually 30°. Do NOT produce undue stress on the anterior joint capsule with shoulder in extension.
 - Passive internal rotation to the chest
 - Active elbow, wrist, and hand exercises
 - Cryotherapy for pain, swelling, and management of inflammation
 - Patient education regarding positioning and joint protection techniques

- Post-Op Days 2-10 (discharged):
 - Continue above exercises
 - Assisted flexion and abduction in the scapular plane
 - Assisted external rotation
 - Begin sub-maximal, pain-free shoulder isometrics in neutral
 - Begin scapula musculature isometric sets
 - Begin active assisted elbow ROM
 - Flexion and abduction pulleys if greater than 90° of PROM
 - Cryotherapy for pain, swelling, and management of inflammation
- Post-Op Days 10-21:
 - Continue above exercise
 - Continue to progress PROM as motion allows
 - Gradually progress assisted AROM in pain-free ROM
 - Progress active distal extremity exercise to strengthening as appropriate
 - Restore active elbow ROM
- Progression to Phase II:
 - Tolerates PROM program
 - At least 90° PROM flexion and abduction
 - At least 45° PROM external rotation in plane of scapula
 - At least 70° PROM internal rotation in plane of scapula
 - Is able to isometrically activate all shoulder, rotator cuff, and upper back muscles

Post-Op Phase 1I

- Goals:
 - Continue PROM progression to gradually restore full passive ROM
 - Gradually restore active motion
 - Control pain and inflammation
 - Allow for healing of soft tissue
 - No overstressing of the healing tissue
 - Re-establish dynamic shoulder stability
- Precautions:
 - Sling should be used for sleeping and removed gradually over the course of the next 1-2 weeks
 - A small pillow should be placed behind the elbow when lying supine to avoid shoulder hyperextension, anterior capsule stretch and subscapularis stretch
 - Begin AROM against gravity
 - No lifting of objects heavier than a coffee cup
 - No supporting of body weight on the involved side
 - No sudden jerking motions

- Post-Op Week 3:
 - Tolerates PROM and assisted AROM isometrics
 - Scapular strengthening
 - Begin assisted horizontal adduction
 - Progress distal extremity exercises with light resistance as appropriate
 - Gentle joint mobilization as indicated
 - Initiate rhythmic stabilization
 - Cryotherapy for pain, swelling, and management of inflammation
- Post-Op Weeks 4-5:
 - Begin active forward flexion, internal rotation, external rotation and abduction in supine position in pain free ROM
 - Progress scapular strengthening exercises
 - Wean from sling completely
 - Begin isometrics of rotator cuff and peri-scapular muscles
- Progression to Phase III:
 - Tolerates PROM and assisted AROM isometrics
 - Has achieved at least 140° PROM flexion
 - Has achieved at least 120° PROM abduction
 - Has achieved at least 60° PROM external rotation in plane of scapula
 - Has achieved at least 70° PROM internal rotation in plane of scapula
 - Be able to actively elevate shoulder against gravity with good mechanics to 100°

Post-Op Phase III

- Goals:
 - Gradual restoration of shoulder strength, power, and endurance
 - Optimize neuromuscular control
 - Gradual return to functional activities with involved upper extremity
- Precautions:
 - No lifting of objects heavier than 5 lbs.
 - No sudden lifting or pushing activities
 - No sudden jerking motions
- Post-Op Weeks 6-8:
 - Increase anti-gravity forward flexion, abduction as appropriate
 - Active internal rotation and external rotation in scapular plane
 - Advanced PROM as tolerated, begin light stretching as appropriate
 - Continue PROM as needed to maintain range of motion
 - Initiate assisted internal rotation behind the back
 - Begin light functional activities

- Post-Op Weeks 8-10:
 - Begin progressive anterior deltoid strengthening with light weights (1-3 lbs) and variable degrees of elevation
- Post-Op Weeks 10-12:
 - Begin resisted flexion, abduction, and external rotation using therabands and/or sport cords
 - Continue progressing internal and external strengthening
 - Progress internal rotation behind the back from assisted AROM to AROM as range of motion allows. Avoid stress on the anterior capsule.
- Progression to Phase IV:
 - Tolerates active, assisted AROM
 - Has achieved at least 140° AROM flexion supine
 - Has achieved at least 120° AROM abduction supine
 - Has achieved at least 60° AROM external rotation in plane of scapula
 - Has achieved at least 70° AROM internal rotation in plane of scapula
 - Be able to actively elevate shoulder against gravity with good mechanics to 120°

Post-Op Phase VI

- Goals:
 - Maintain full non-painful active AROM
 - Enhance functional use of the upper extremity
 - Improve muscular strength, power, and endurance
 - Gradually return to more advanced functional activities
 - Progress closed-chain exercises as appropriate
- Precautions:
 - Avoid exercise and functional activities that put stress on the anterior capsule and surrounding structures. No combined external rotation and abduction about 80° of abduction
 - Ensure gradual progression of strengthening
- Post-Op Weeks 12-16:
 - Gradually progress strengthening program
 - Gradually return to moderately challenging functional activities
- Post-Op Weeks 16+:
 - Return to recreational hobbies, gardening, and sports
- Requirements to discharge from skilled therapy:
 - Patient able to maintain full non-painful active ROM
 - Maximized functional use of upper extremity
 - Maximized muscular strength, power, and endurance
 - Patient has returned to move advanced functional activities