

Postoperative Shoulder Replacement Protocol

After surgery until the first post op visit (10-14 days)

- You may remove the dressings two days after surgery. If the incision is dry, no further dressing or covering is needed. If there is any spotting or bleeding from the incision, cover with a dry dressing. Remove and check the incision for spotting daily and do not replace dressing once dry.
- Keep the dressings and incision dry. Do not shower for 7 days or you may shower with the incision covered with occlusive dressings (Tegaderm available in most pharmacies). You may bathe if the incision is not immersed in water.
- You may reduce your pain and reduce the need for pain medication if you place ice on the shoulder three times/ day for 15 minutes each time (more if desired, but not more than 15 minutes every hour). Keep the incision dry while applying ice by using a towel over the incisions or use a Cryocuff.
- Keep the sling on at all times except when dressing or bathing.
- You may remove the sling a few times each day to stretch the elbow and wrist.
- Use pain medicine as prescribed but try to wean off them as soon as possible.
- The pain medication can cause constipation. Consider using a stool softener.
- Do not use oral anti-inflammatories (ibuprofen, Advil, Aleve) during the first 4 weeks after surgery if possible. You may use Tylenol (acetaminophen).

1 week to 4 weeks

- Use the sling at all times, especially when sleeping at night.
- You may remove the sling a few times/day to shower or stretch the elbow and wrist.

4-8 weeks

- Start the pendulum, table slide, and wall walk exercises at 4 weeks.
- May consider pool walking, dog paddle, or breaststroke at 6-8 weeks using pain as the guide.

8-16 weeks

- Start working on active-assist overhead and active below shoulder motion.
- Start working on isometric strengthening below shoulder level.
- Avoid active and passive abduction.
- Avoid active forward elevation until 12 weeks.

PT goals:

- Restore symmetric passive range of motion by 8-12 weeks.
- Avoid active and passive abduction.
- Avoid active forward elevation until 12 weeks.
- Start isometric strengthening below shoulder level.
- May do aqua therapy.

4 months to 6 months

- Start strengthening – Rotator cuff and scapular stabilizer strengthening protocol.
- Avoid military press, incline press, bench press, shoulder dips, push-ups, planks, and bridges.

PT goals

- Rotator cuff and scapular stabilizer strengthening
- Avoid military press, incline press, bench press, shoulder dips, push-ups, planks, and bridges.

6 months

Release to regular activity with caution.

Additional instructions:

Driving:

- No driving while in sling for the first four weeks.
- If dominant arm, may drive at six weeks if no pain.
- If non-dominant arm, may drive at 4-5 weeks if no pain.

Work:

- May return to sedentary work when no longer using pain medicine.
- No medium demand labor for six months.

Frequency of PT (if needed):

- For weeks 0-4: no PT
- For weeks 4-12 (16 to 24 visits): supervised 2-3 x/wk depending on stiffness and ability to achieve goals. Perform exercises on your own 3-5x/wk.
- For months 3-4 (4 visits): supervised 1x/wk. Perform exercise on your own 3-5x/wk
- For months 4-6: no supervised PT. Perform exercises on your own 3-5x/wk.