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Sports Medicine and Shoulder Service

Partial / Total Shoulder Replacement Rehab Protocol Prescription

Patient Name:

Date:

Diagnosis: Glenohumeral arthritis

Frequency: 2-3 visits/week Duration: 4 months

Weeks 1-6: Phase I

Sling Immobilizer: May be d/c'ed on post-op day 1

Exercises: Passive ER to 15 deg and extension to neutral
Passive FF in scapular plane and IR
AROM wrist/elbow
Scapular "pinches"
Modalities as needed
Perform exercises multiple times each day (HEP)

Advancement Criteria: ER to neutral
FF in scapular plane to 130 deg
Minimal pain and inflammation

Weeks 6-10: Phase II

Exercises: Passive & Active assisted FF in scapular plane - no limits (wand exercises, pulleys)
Passive & Active assisted ER (gentle beyond 30 degrees for subscap healing)
Active supine FF in scapular plane
Manual scapular side-lying stabilization exercises
Isometrics: Deltoid in neutral
ER (modified neutral) ROM < 30 deg
IR (modified neutral)
Scapular retraction with elastic bands
Humeral head control exercises:
ER/IR (supine/scapular plane)
Elevation at 100 deg
Modalities as needed

Advancement Criteria: FF to 150 deg
ER to 45 deg
Good humeral head control
Minimal to no pain with ADLs

Weeks 10-16: Phase III

Exercises: Progress ROM as tolerated
AAROM for full FF and ER
AAROM for IR - no limits
Flexibility exercises: towel stretch, posterior capsule stretch
IR/ER/FF isotonic strengthening
Scapular stabilization
Rhythmic stabilization
PREs for scapula, elbow (biceps/triceps)
Forward flexion in scapular plane
Progressive resistive equipment: row, chest press (light weight)
Modalities as needed

Advancement Criteria: Muscle strength 4/5
Passive FF 160 deg, ER>45 deg
Restore normal scapulohumeral rhythm <90 deg elevation
Minimal pain and inflammation

Weeks 16-22: Phase IV

Exercises: Access and address any remaining deficits in ROM, flexibility, strength
Active, active-assisted, and passive ROM exercises
Flexibility exercises: towel stretch (IR), posterior capsule stretch
Progressive resistive strengthening:
Dumbbells
Progressive resistive equipment
Elastic band IR/ER (modified neutral)
Rhythmic stabilization
Modalities as needed
Individualize program to meet specific needs of patient

Discharge Criteria: Maximize ROM
Full independent ADLs
Normal scapulohumeral rhythm >100 deg elevation
Independent HEP

Concerns or questions:

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Physician Signature: