

Physician Protocols – Dr. Gilotra

Total Shoulder Replacement (without rotator cuff involvement)

- Range of Motion – performed supine; initiated POD #1 in am
 - Initiate PROM ONLY to surgically repaired shoulder on POD #1, forward elevation to 140 degrees and ER in scapular plane to 40 degrees. AROM to elbow, wrist and hand.
 - POD #2, can initiate use of pulleys for flexion and abduction in the scapular plane, as long as there is greater than 90 degrees of available PROM. Also initiate AAROM with dowel for FE and ER, as well as pain free isometrics to shoulder and scapular musculature.
 - Exercises should be performed 2-4x daily; patients will usually be seen BID by OT. If the patient and/or caregivers demonstrate independence, he or she can be relied upon to perform additional session(s) in the evening.
 - Provide patient with a handout of the ROM exercises, indicating frequency of exercise.
- Sling wear- initiated POD #1 in the am
 - Shoulder sling with bolster should be worn at all times except for during hygiene and ROM exercises. Once home, sling can be removed in the home with arm at rest and not elevated.
 - Train patient and caregiver on don/doff technique and sling positioning.
 - A dressing stick may be provided to assist the patient with strap management during donning and doffing.
- Activities of Daily Living – initiated POD # 1 in am
 - Perform basic self-care assessment and ask the patient to identify a caregiver that will be available to assist with some upper body bathing and dressing tasks as needed. Some assist will likely be required to wash/dry the axilla under the surgical arm, the opposite upper extremity and the back.
 - Provide a long handled sponge to assist, with significant bend.
 - Observe balance and mobility
 - The affected extremity is allowed to assist with ADLs, as long as AROM and weight bearing are avoided. Educate patient to not hold anything heavier than a coffee cup in the hand of the operated extremity.
- Follow-up Care – discussed on POD # 2 in am
 - Follow up one week after discharge. Any changes in restrictions will be initiated by the MD.
 - Patient will be non –weight bearing for 4-6 weeks
 - The initial exercises taught (above) will be the patient’s program for at least 10 days
 - Outpatient OT is recommended, to be completed once weekly in Phase I of rehabilitation.