



# **GOLDEN STATE ORTHOPEDICS & SPINE**

## **POSTOPERATIVE PROTOCOL TOTAL SHOULDER**

### **1. Beginning the Day of Surgery:**

- a. Passive flexion of the patient's arm is performed by the surgeon up to 90 or 120 degrees or as far as is comfortable for the patient. The shoulder immobilizer can be removed on the afternoon of the day of surgery.
- b. An alternative technique is to use CPM which is instituted when the patient is transferred off the operating room table onto the recovery room bed.

### **2. On the First Postoperative Day:**

- a. The supine patient is instructed on how to perform passive flexion of the arm using the other arm as a power source and/or through the use of a pulley and rope system attached to the overhead bed frame. At the extreme of flexion, the arm should be held for a count of five. Each passive exercise should include five repetitions and be performed four to six times per day.
- b. The supine patient is instructed in external rotation stretching exercises with a three foot stick.
- c. The erect patient is instructed in performing the pendulum exercises four to six times per day.
- d. The patient can use a sling when up and ambulating.
- e. The sling can be discontinued while the patient is in bed or sitting in a chair.
- f. The patient is encouraged to use the hand and arm for gentle everyday activities, i.e. feeding self, brushing teeth, drinking liquids, etc.

### **3. On the Second and Third Postoperative Days:**

- a. The patient continues with passive flexion and external rotation exercises. In the erect position, the patient can begin to use an overhead pulley to increase passive flexion and continue to use the arm for gentle living activities.
- b. The patient can usually be dismissed on the third day or when they have achieved 120 degrees of passive flexion and have external rotation of 10-15 degrees. They should be instructed to continue their exercises four to six times per day.
- c. The patient is encouraged to use the mm for daily living activities.

### **4. First Follow-up Visit (2 to 4 Weeks):**

- a. If the patient does not have sufficient passive motion, more stretching exercises are instituted, i.e. wall climbing, more over head stretching with the pulley, etc.
- b. The patient should be encouraged to use the arm for progressive everyday activities.
- c. If the patient has weakness of the anterior deltoid, then a specific exercise program should be instituted which will strengthen the anterior deltoid in the supine position.

### **5. Subsequent Follow-up Visit (4 to 6 Weeks)**

- a. Continue the stretching exercise of the shoulder four to six times per day.
- b. Begin strengthening exercises of the deltoid and rotator cuff muscles with the Therabands: gradually increase the resistance by using the different colors and strengths of Therabands. Strengthening the scapular stabilizer muscle should also be accomplished, i.e. the trapezius muscle by performing shoulder shrug exercises against weight and the serratus anterior and rhomboid muscles by using wall push-ups and progressing to knee push-ups as indicated.



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