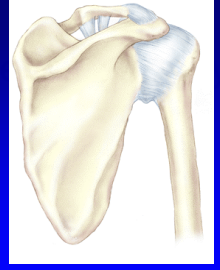


**DR. TERRY HAMMOND**

**SHOULDER SURGEON**



**SHOULDER ARTHROPLASTY  
(TOTAL SHOULDER / REVERSE / HEMIARTHROPLASTY)  
PHYSIOTHERAPY PRINCIPLES**

**0-6 weeks**

Ensure adequate pain relief – may need to see me or GP for additional medication  
Active assisted movements – aim for external rotation to neutral and forward flexion in internal rotation to 60 degrees by week 6  
May come out of sling to do ADL's below shoulder height – eg. eating, writing, computer  
Stay in sling at night in bed and when walking but can remove sling if sitting  
Cardiovascular conditioning  
Hand, wrist, elbow exercises

**6-12 weeks**

Sling off and continue gentle ADLs  
Active assisted movements – increase external rotation and elevation as tolerated  
Gentle (<30% strength) isometric rotation exercises  
Cardiovascular conditioning  
Core strengthening especially transversus abdominis, multifidus  
Scapular mobilization / proprioception

**> 12 Weeks**

Active assisted movements – gradually increase range of motion as tolerated  
Gradually increase cuff strengthening – delay maximum resistance until at least 6 months  
Cardiovascular conditioning  
Core strengthening especially transversus abdominis, multifidus  
Scapular mobilization / proprioception

**GENERAL PRINCIPLES**

Reduce exercises if they cause prolonged pain  
No heavy lifting

*NOTE- subscapularis cut and repaired during this operation - important to protect this post-op – ie. no forced passive external rotation, and active internal rotation should be gentle for first 3 months*