Phil Davidson M.D. Tel: (801) 797-8000 Fax: 855-769-3885



6360 South 3000 East, Suite 200 Salt Lake City, UT 84121 UtahOSIC.com

## **SHOULDER RESURFACING & ARTHROPLASTY REHABILITATION**

Post-Operative Physical Therapy Protocol

Philip A. Davidson M.D.

	RANGE OF MOTION	Sling/Cradle	THERAPEUTIC EXERCISE
PHASE I 0-6 weeks	Passive to active range as	Use when standing full	Grip strengthening,
	tolerated*	time for 4 weeks. May	pulleys/canes,
	ROM goals:	remove to wash, dress	elbow/wrist/hand active ROM
	Week 1: 90° of forward flexion,	and for exercise. May	NO resisted internal
	20° of external rotation at side,	sleep without sling after	rotation, forced extension
	75° max abduction without	first few days.	or passive external
	rotation		rotation to protect
	Week 2: 120° of forward flexion,		subscapularis
	40° of external rotation at side,		
	75° max abduction without		
	rotation		
PHASE II	Increase ROM as tolerated, begin	None	Begin light resisted external
6-12 weeks	active assisted/active internal		rotation, forward flexion, and
	rotation and extension as		abduction – concentric
	tolerated		motions only
			Limited resisted internal
			rotation,
PHASE III	Progress to full motion without	None	Begin resisted internal
12 weeks - 12 months	discomfort		rotation and extension
			exercises, advance strength
			training as tolerated, begin
			eccentric motions and closed
			chain activities