

REHABILITATION PROTOCOL

Rehabilitation Following GH Joint Arthroplasty

General Guidelines

Sling use and duration directed by surgeon in postoperative instructions.

Immediate postoperative passive and active assistive ROM consisting of stomach rubs, sawing movements, and elbow ROM instructed following hospital discharge.

Postoperative Weeks 1–4

Modalities to decrease pain and inflammation.

Passive range of motion initiated with no limitation in flexion, abduction, or internal rotation. NO EXTERNAL ROTATION stretching against tension or anterior capsular mobilization in this rehabilitation phase to protect the subscapularis repair. Movement and ROM into 30 to 45 degrees of external rotation is allowed with 30 to 45 degrees of abduction by the therapist provided it is not against tension.

Elbow, wrist, and forearm ROM/stretching.

Manually applied scapular resistive exercise for protraction/retraction and submaximal biceps/triceps manual resistance with shoulder in supported position supine.

Ball approximation (closed chain Codman's) using Swiss ball or table top.

Postoperative Weeks 2–4

Initiation of active-assistive ROM using pulley for sagittal plane flexion and scapular plane elevation.

Postoperative Weeks 4–6

Continuation of previously outlined program.

Initiation of submaximal multiple angle isometrics and manual resistive exercise for shoulder external rotation, abduction/adduction, and flexion/extension.

Upper body ergometer (UBE).

External rotation isotonic exercise using pulley or weight/tubing with elbow supported and GH joint in scapular plane and 10 to 20 degrees of abduction (towel roll or pillow under axilla).

Postoperative Weeks 6–8

Initiation of passive external rotation range of motion and stretching beyond neutral rotation position.

Initiation of internal rotation submaximal resistive exercise progression.

Traditional rotator cuff isotonic exercise program.

Side lying external rotation

Prone extension.

Prone horizontal abduction (limited from neutral to scapular plane position initially with progression to coronal plane as ROM improves).

Biceps/triceps curls in standing with GH joint in neutral resting position.

Oscillation exercise with resistance bar or Body Blade.

Rhythmic stabilization in open and closed kinetic chain environments.

Postoperative Weeks 8–12

Continuation of resistive exercise and ROM progressions.

Addition of ball dribbling and upper body plyometrics with small Swiss ball.

Postoperative Weeks 12–24

Continuation of rehabilitation.

Isometric internal/external rotation strength testing/assessment in neutral scapular plane position.

Subjective rating scale completion.

ROM assessment.