

Shoulder Arthroplasty Explant and Antibiotic Spacer Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Functional (retained) spacer: ☐ Unstable spacer / bone loss: ☐	Other Precautions:
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The spacer is a temporary, unconstrained implant that can dislocate or break. Goals are comfort, daily activities, and keeping the soft tissues supple for reimplantation (typically ~6–12 wks). After reimplantation, switch to the revision / reverse shoulder protocol. Parameters above supersede the general timeframes below.

Phase	Immobilization & Loading	Motion	Strengthening & Function
Phase 1 Weeks 0–6	Immobilization & Loading - Sling 4 wks, off for exercises and hygiene; wean by 6 wks - Lifting ≤1 lb; no pushing up from a chair or bed If unstable spacer: sling full time for 6 wks	Motion - Elbow, wrist, and hand AROM immediately - Pendulums; supine PROM forward flexion ≤90°, ER ≤20° - No IR behind the back, extension past neutral, or combined adduction–IR If unstable spacer: pendulums and elbow/wrist/hand only	Strengthening & Function - Grip; scapular setting - Edema and pain control - Report wound drainage, redness, or fever promptly (patient is on IV antibiotics)
► Advance to Phase 2 when: wound healed, spacer position maintained on radiographs.			
Phase 2 Weeks 6–12	Immobilization & Loading - Sling discontinued - Lifting ≤2–3 lb	Motion - AAROM to comfort (forward flexion ≤120°, ER ≤30°) - Gentle AROM below shoulder height for ADLs	Strengthening & Function - Submaximal deltoid and scapular isometrics - No resisted IR or extension
► Advance to Phase 3 when: reimplantation scheduled (switch protocols), or definitive spacer confirmed.			
Phase 3 Weeks 12–24	Immobilization & Loading Definitive spacer only: lifting ≤5 lb; avoid heavy or repetitive overhead loading long term	Motion Functional AROM as tolerated (often limited)	Strengthening & Function - Light bands: deltoid, scapular stabilizers, remaining cuff - Functional ADL training; independent home program
► Discharge (at reimplantation, or ~4–6 months with a definitive spacer): comfortable functional ADLs, independent home program, cleared by physician. Sudden pain, a clunk, deformity, or loss of motion — contact the surgeon (possible spacer dislocation or fracture). Any new drainage or fever — contact the surgeon the same day.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.