



Purpose:

This guideline is designed to return the individual to their full activities as quickly and safely as possible, following Total Shoulder Arthroplasty. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following this surgery.

This guideline is intended to provide the treating clinician a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

Precautions:

- Avoid stressing subscapularis and involved rotator cuff muscles for 6 weeks
- Avoid weight bearing with U/E for 6 weeks
- Wear sling/immobilizer for 4-6 weeks, or as directed by MD
- Remove immobilizer for exercises 3-5 x per day
- Shoulder AAROM: 4 weeks
- Shoulder AROM: 6 weeks

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
Phase I Weeks 0-4	Therapy: <ul style="list-style-type: none"> • Pain-free PROM of shoulder: <ul style="list-style-type: none"> — 20° ER — 120° flexion/scaption • AROM: <ul style="list-style-type: none"> — Elbow, wrist, and hand with active grip squeezes • Pain and edema management with modalities, as needed • Instruction in protected ADLs including: <ul style="list-style-type: none"> — Protected bed mobility — Codman Position for bathing • Late phase I: <ul style="list-style-type: none"> — Add Codman pendulum exercises — Scapular stabilization with depression and retraction 	Goals: <ul style="list-style-type: none"> • Reduce pain and swelling • Maintain AROM of the elbow, wrist and neck • Protect healing of repaired tissues and implanted devices • Understand how to properly don/doff sling Criteria to Advance: <ul style="list-style-type: none"> • Patient must be at least 4 weeks post-op
Phase II Weeks 4-7	Therapy: <u>Week 4:</u>	Goals:



	<ul style="list-style-type: none"> Shoulder AAROM initiated in supine and sitting through pain free ROM <p><u>Week 6:</u></p> <ul style="list-style-type: none"> Shoulder AROM Dowel exercises for flexion, abduction and limited extension Pulleys Active wall climb Begin closed chain weight bearing Cervical AROM Cervical muscle stretches Begin isometrics for adduction, abduction, flexion, and extension Modalities as needed for pain relief and to reduce swelling Manual: <ul style="list-style-type: none"> Scapulothoracic mobilization with U/E supported in scapular plane and neutral rotation Glenohumeral joint Grade I-II for pain control <ul style="list-style-type: none"> ⇒ Avoid over straining anterior shoulder STM/IASTM to reduce muscle tension and pain 	<ul style="list-style-type: none"> Controlled restoration of PROM and AAROM Activate shoulder and scapular stabilizers in a protected position of 0° to 30° of shoulder abduction Correct postural dysfunctions <p>Criteria to Advance:</p> <ul style="list-style-type: none"> Patient must be at least 8 weeks post-op Minimal pain Flexion PROM at least 120° External rotation PROM at least 15-20°
<p>Phase III Weeks 8-10</p>	<p>Therapy:</p> <ul style="list-style-type: none"> Progress to full pain-free AROM Deltoid, triceps, and serratus anterior strengthening in supine Begin isometric co-contractions/stabilization in supine with 90° Dynamic isometric shoulder flexion ("don't let me move you") Begin light theraband strengthening, progressing levels each 2-3 weeks Manual: <ul style="list-style-type: none"> Continue Scapulothoracic mobilizations Continue Glenohumeral joint mobilizations Grade III-IV for ROM and capsular restrictions STM/IASTM to reduce muscle tension and pain Scar mobilization as needed 	<p>Goals:</p> <ul style="list-style-type: none"> Functional shoulder AROM in all planes 4/5 strength in all shoulder planes Correct any postural dysfunction <p>Criteria to Advance:</p> <ul style="list-style-type: none"> Patient must be at least 10 weeks post-op Flexion AROM at least to 90° in standing Flexion PROM at least 140° External Rotation PROM 30°
<p>Phase IV Weeks 10+</p>	<p>Therapy:</p> <ul style="list-style-type: none"> Begin mild household activities and reaching Progressive strengthening with theraband and free weights <ul style="list-style-type: none"> Slow and controlled, and pain-free Prone: 	<p>Goals:</p> <ul style="list-style-type: none"> 5/5 strength in all shoulder planes Advance proprioceptive and dynamic neuromuscular control retraining Achieve 60-75° of shoulder ER



	<ul style="list-style-type: none">— ER— Horizontal abduction thumb up & palm down• Rows• Serratus anterior reaching for ceiling• Seated press ups• Theraband/free weights:<ul style="list-style-type: none">— ER/IR— Adduction/abduction— Flexion/extension— PNF diagonals• Weight-bearing exercises to be started after week 12• Continue HEP for 12-19 months post-op, 2x per day• If patient is limited in flexion AROM, use Levy Protocol	<ul style="list-style-type: none">• Correct postural dysfunctions with work/sport-specific tasks• Full shoulder AROM in all planes and multi-plane movements• Normal (rated 5/5) strength at 90° of shoulder abduction• Achieve 140° of AROM shoulder flexion and 160° of PROM shoulder flexion
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