

Dr. Asp's Total Shoulder Arthroplasty Rehab Protocol

WEEKS 0-3

- Sling should be worn at rest.
- Sling should be used for sleeping. Use a small towel or pillow to prop the elbow to avoid hyperextension/anterior capsule/subscapularis stretch when lying supine.
- Avoid AROM.
- No lifting objects on involved side.
- No arm extension.
- No supporting of body weight by hand on involved side.
- Passive ROM forward flexion in supine 130 degrees flexion, 60 degrees abduction and 30 external rotation.
- Pendulums
- Pulley for flexion only.
- Subscapularis precaution: no active IR in any position.
- Scapular stabilization exercises.
- Active distal extremity exercise (elbow, wrist, hand)

WEEKS 4-6

- Sling at rest
- Continue PROM and advance to AAROM as patient tolerates.
- Continue protection of external rotation to 30 degrees until patient is 6 weeks post-op.
- Progress forward flexion to full passively within patients tolerance.
- Progress scapular stabilization avoiding extension past neutral.

WEEKS 7-10

- Wean from sling
- Progress to full AROM/AAROM/PROM in all planes.
- Begin active internal rotation.
- NO SUBSCAPULARIS STRENGTHENING UNTIL 12 WEEKS POST –OP.
- AROM with increasing repetitions in gravity assisted positioning. Progressing to antigravity position as movement quality dictates.
- Isotonic strengthening with very light weight <1/2 lb and increasing as tolerated at week 10.
- If combined with rotator cuff repair PRE's would not begin until week 10 in any plane.

WEEKS 11-16

- Progress internal rotation behind back.
- Subscapularis strengthening at week 12.
- Continue full stretching and strengthening program to patient's tolerance.

WEEKS 20-28

- Return to full functional activities including light recreational sports depending on patients' strength.
- Avoidance of high impact activities such as hammering, contact sport, free weight training is recommended.