

TOTAL SHOULDER ARTHROPLASTY PT PROTOCOL

	BRACE INSTRUCTIONS AND RESTRICTIONS	RANGE OF MOTION GOALS	PT EXERCISES/NOTES
PHASE 1 First 6 Weeks (0-6) 1 Session/week Begin after 2 weeks	<ul style="list-style-type: none"> - Shoulder immobilizer x 4 weeks full time except hygiene and PT exercises, then part time during day x 2 weeks - May remove brace at night after 4 weeks as tolerated - Limit to 30 degrees passive ER to protect subscap repair 	<ul style="list-style-type: none"> - PROM as tolerated in supine position (130 deg FF, 90 deg Abduction, 30 deg ER after 2 weeks; then unrestricted PROM to begin at 4 weeks) 	<ul style="list-style-type: none"> - Pendulum ROM - Seated table slide for flexion or supine assisted shoulder flexion to begin at 2 weeks - Elbow and wrist AROM - Postop distal extremity swelling control with elastic stockinette and arm elevation
PHASE 2 Second 6 Weeks (6-12) 1-2 Sessions/week	<ul style="list-style-type: none"> - Out of brace 	<ul style="list-style-type: none"> - Advance to AAROM/AROM - Continue with PROM to reach full ROM and appropriate joint mobilizations 	<ul style="list-style-type: none"> - Continue Phase 1 exercises - Pulleys to begin at 6 weeks - Begin light resisted ER, FF and abduction exercises at 6 weeks - Supine deltoid exercises - Initiate scapular stabilizing exercises, core strengthening exercises including trunk rotation - Begin resisted IR, extension, and scapular retraction at 8 weeks - Focus on anterior deltoid and teres major exercises

PHASE 3 Third 6 Weeks (12-18) Sessions once/week or once every other week		- Full AROM in all planes	<ul style="list-style-type: none"> - Isotonic exercises with resistance bands and light weights - Neuromuscular and proprioceptive training - Maximize scapular stabilization - Cycling/running permitted - Advance to home exercise program 3 times/week and daily shoulder stretching - Work status determined by MD
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This protocol is intended for the purposes of guiding post-surgical or post-injury rehabilitation exercises and goals. These guidelines may be interpreted by a certified physical or occupation therapist and tailored to meet patient specific goals and expectations. Other specific modifications may be made by Dr. Butterfield depending on adjuvant surgical procedures, surgical findings, or rehabilitation progress.

Please fax initial physical therapy assessment and progress notes to Dr. Butterfield at 763-717-4139. You may direct questions regarding this protocol or patient progress to our office at 763-786-9543.