

## Total Shoulder Arthroplasty Rehabilitation Protocol

Jonathan M. Cooper, DO

Phone: 952-456-7617 | Fax: 952-456-7967

Specific requests or deviations that fall outside the scope of this protocol will be made by the provider as appropriate for the individual patient.

Phase I (Weeks 0 – 4)	Phase II (Weeks 4 – 8)	Phase III (Week 8 – Discharge)
<p><b>Regular therapy visits (for early PROM) is at the therapist’s and surgeon’s discretion, but should begin the 2nd week with Phase I guidelines.</b></p> <p><b>EDUCATE</b></p> <ul style="list-style-type: none"> <li>Self Care</li> <li>Home ice use</li> <li>Sling – 6 weeks (May be removed for dressing, hygiene, and tabletop use of hand, wrist, and elbow)</li> <li>Warning Signs - fever, chills, redness, swelling</li> <li>Protect subscapularis repair: NO ER PROM &gt;30o</li> <li><b>Subscapularis precautions:</b> no active internal rotation and no PROM ER &gt;30° until week 6; no isometric internal rotation until week 6 and begin gently in neutral; and no internal rotation PREs until week 10</li> </ul> <p><b>PROM GUIDELINES (Goals)</b></p> <ul style="list-style-type: none"> <li>Forward elevation: 0-130°</li> <li>ABD: 0-45°</li> <li>ER: up to 30°</li> </ul> <p><b>EXERCISES</b></p> <ul style="list-style-type: none"> <li>Pendulums (begin POD #1)</li> <li>AROM: elbow, wrist, hand (POD #0)</li> <li>AAROM: supine wand assisted flexion, scaption with neutral rotation and/or pulleys as tolerated</li> <li>PROM table slides flexion only</li> <li>Scapular stabilization exercises</li> <li>Isometrics at neutral for FF, ABD, ER</li> </ul> <p><b>CRITERIA FOR PROGRESSION</b></p> <ul style="list-style-type: none"> <li>Minimal pain with PROM exercises and 90° forward elevation</li> </ul>	<p><b>EDUCATE</b></p> <ul style="list-style-type: none"> <li>Sling until 6 weeks and then phase out as symptoms dictate</li> </ul> <p><b>PROM GUIDELINES (Goals)</b></p> <ul style="list-style-type: none"> <li>FE: no limitations to tolerance</li> <li>ABD: 0-90°</li> <li>ER: 0-45° pain free</li> </ul> <p><b>EXERCISES</b></p> <ul style="list-style-type: none"> <li>Continue with progressing Phase 1 exercises</li> <li>AAROM from supine to upright</li> <li>Supine AROM</li> <li>Progress scapular stabilization to light resistance</li> <li>No capsular stretching until 6 weeks</li> </ul> <p><b>CRITERIA FOR PROGRESSION</b></p> <ul style="list-style-type: none"> <li>Minimal pain with exercises and 135° forward elevation</li> </ul>	<p><b>ROM GUIDELINES</b></p> <ul style="list-style-type: none"> <li>ROM is expected to be WNL for all planes of motion pending patients other limitations and desired activities.</li> </ul> <p><b>AROM GUIDELINES (Minimal Goals)</b></p> <ul style="list-style-type: none"> <li>FE: 135-150°</li> <li>ABD: 110-120°</li> <li>ER: 60-70°</li> </ul> <p><b>EXERCISES</b></p> <ul style="list-style-type: none"> <li>Continue with progressing Phase 2 exercises</li> <li>Begin gentle pain-free IR isometrics</li> <li>AROM in all planes</li> <li>Begin PRE avoiding IR until week 10</li> <li>Proprioception stabilization exercises</li> <li>Progress scapular stabilization exercises</li> </ul> <p><b>LONG-TERM LIMITATIONS</b></p> <ul style="list-style-type: none"> <li>Recommend caution overhead athletic activity</li> <li>Avoid certain exercise (i.e. bench press, military press, pull-ups)</li> <li>No impact activities (i.e. axe, sledge hammer)</li> <li>No pull-start motors</li> <li>No lifting &gt;25 pounds with the operative upper extremity</li> </ul>
<p><b>General Goals:</b> protect the surgical repair, maintain regional joint mobility, and control swelling and pain.</p>	<p><b>General Goals:</b> progress PROM, begin strengthening, and stress patient independence with home program.</p>	<p><b>General Goals:</b> restore functional use of involved extremity for all required activities (work, sports, daily activities, etc.)</p>

Revised 9/2020