



Total Shoulder Arthroplasty
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	PRECAUTIONS	ROM	EXERCISES
Phase 1: 0-3 weeks 2-3x/week	Sling with abduction bolster Day and night NWB UE No arm use at all Writing, computer work OK	none	AROM of the neck, hand/grip, wrist, and elbow Pendulum Exercises
Phase 2: 3-6 weeks 2-3x/week	Sling in public and at night NWB UE No reaching behind back or across chest No pushing up from arms of a chair Waist level ADL's OK <1# Can wean sling between weeks 4-6 if indicated	PROM only ER < 30° to protect subscapularis repair IR to trunk Flexion/Abduction < 90° Extension 0° **PROM is NOT STRETCHING**	Continue PHase I exs. Gentle Shoulder PROM; Instruction in PROM for HEP (tab Scapular setting Periscapular Soft tissue mobilization ER isometrics
Phase 3: 6-8 weeks 2x/week	D/C Sling	Progress PROM Begin AAROM ER to 60° IR 70°- 90° Flexion/Abduction 120° Extension 0°	pulleys; Wall walks; Wand flexion, abduction, and ER/IR; Semi-prone scapular rows, I, Y, T's
Phase 4: 8-12 weeks 1-2x/week	5# lifting restriction Do not overtly stress anterior glenohumeral capsule (ie. ER@90/90)	Gradually restore full PROM AAROM to engage RTC AROM as tolerated	UBE, low resistance ; Sidelying ER, ABduction RTC strengthening: IR isometrics, ER vs. band; Gradually Increase ROM behind back; Gradually Increase AROM vs. gravity in the absence of "shrug sign"
Phase 5: 12-24 weeks 1x/week	MD will determine weight restrictions	AROM GOALS: ER 60 Flexion 140+ IR behind back	Advance RTC and Deltoid strengthening and scapular stabilization in open and closed chains; Functional strengthening exercises.

MD post op appts: 1 week, 2 weeks, 6 weeks, 12 weeks, 5 months;

Please send PT progress notes prior to each of these MD appts.

This protocol is not a substitute for clinical decision making of the health care professional.

Please see PT referral for any specific post op instructions.

****Surgery involves a subscapularis repair. Do not stress anterior shoulder capsule. Never force ROM****