



Total Shoulder Arthroplasty  
 Dr. Michael Merkley  
 Brandon Gale, PA-C  
 Midwest Orthopaedic Center — Peoria, IL

	PRECAUTIONS	ROM	EXERCISES
<b>Phase 1: 0-3 weeks</b> <b>2-3x/week</b>	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
<b>Phase 2: 3-6 weeks</b> <b>2-3x/week</b>	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  <b>ER</b> < 30° to protect subscapularis repair <b>IR</b> to trunk <b>Flexion/Abduction</b> < 90° <b>Extension</b> 0°  <b>**PROM is NOT STRETCHING**</b>	Continue Phase I exs.  Gentle Shoulder PROM; Instruction in PROM for HEP (tab)  Scapular setting  Periscapular Soft tissue mobilization  ER isometrics
<b>Phase 3: 6-8 weeks</b> <b>2x/week</b>	D/C Sling	Progress PROM Begin AAROM  <b>ER</b> to 60° <b>IR</b> 70°- 90° <b>Flexion/Abduction</b> 120° <b>Extension</b> 0°	pulleys; Wall walks; Wand flexion, abduction, and ER/IR; Semi-prone scapular rows, I, Y, T's
<b>Phase 4: 8-12 weeks</b> <b>1-2x/week</b>	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";
<b>Phase 5: 12-24 weeks</b> <b>1x/week</b>	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\*\***