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Total Shoulder Arthroplasty – Rehab Protocol

The purpose of this protocol is to provide a guideline for the postoperative rehabilitation course of a patient that has undergone a total shoulder arthroplasty (TSA). This protocol is not intended to be a substitute for one's clinical judgement regarding the progression of a patient's post-operative course based on their physical exam, progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

Please Note: The given time frames are approximate. Achieving the goals of each phase and patient response should guide the clinician and patient through this protocol.

NO UPPER BODY ERGOMETER AT ANY TIME

Phase I: First 4 weeks of therapy (typically begins 3-4 weeks after surgery)

- Sling use: Wear sling for 3-4 weeks. May discontinue use gradually between weeks 3 and 4 from date of surgery. Patients may remove sling while sitting and resting in chair with arm resting on pillow. For most patients, sling will be discontinued by the start of physical therapy
- Passive Range of Motion: Gently increase PROM of shoulder
    - Forward flexion: Limit initially to 90 degrees
    - External rotation: Limit initially to 30 degrees external rotation in scapular plane- do not stress anterior joint capsule see (below)
    - Internal rotation: Passive IR to tolerance
    - Pendulum exercises permitted
    - May progress PROM as pain allows
    - Teach patient to perform with use of non-operative arm (FF90, ER30)
- Active Assisted Range of Motion (AAROM):
    - May begin once PROM adequate
    - Perform in the scapular plane: Forward flexion, elevation, and ER
- Precautions:
    - Protect subscapularis repair
    - Avoid shoulder extension while standing or while laying down (use pillow as needed)
    - No excessive shoulder motion behind back; no sudden/quick movements, especially into internal/external rotation
    - Avoid weight bearing through arm/hand. No repetitive lifting >5lbs
- Active range of motion (AROM) of elbow/wrist/hand permitted
    - May progress to active distal extremity exercises to strengthen as appropriate.
    - Avoid long arm motions (combined elbow extension and shoulder motions)
- Frequent cryotherapy for symptom management
- Patient education for posture, positioning and joint protection strategies

GOAL: *Gradual PROM with minimal pain. AROM and strengthening of distal extremity.*

Phase II: Weeks 4-6 of therapy

- Passive and Active Assisted Range of Motion (PROM and AAROM)
    - Advance as tolerated. May utilize pulleys as long as greater than 90 degrees of PROM has been achieved; may begin assisted horizontal adduction
- Active range of motion (AROM)
    - Perform in the scapular plane: Forward flexion, elevation IR and ER
- Strengthening/stabilization
    - Introduce scapular and shoulder sub-maximal pain free isometric exercises
    - Progress distal extremities as appropriate

GOAL: *Gradual PROM, AAROM and AROM with minimal pain, strengthening of distal extremity*

Phase III: Weeks 6-12 of therapy

- Begin light functional activities as appropriate
- Begin supine anterior deltoid strengthening at different angles of elevation with weights (1-3lbs)
- Begin resisted flexion, elevation in the plane of the scapula. Extension
- Continue progressing IR, ER, strengthening
- Progress IR stretch behind back from AAROM to AROM as ROM allows (avoid stress on anterior capsule)

GOAL: *Gradual progression of ROM, beginning phases of strengthening*

Phase IV: Beyond 12 weeks of therapy:

- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities
- Return to hobbies, gardening, sports, golf, doubles tennis

Criteria for discharge from skilled therapy:

- Patient able to maintain non-painful AROM (full ROM not expected)
- Maximized functional use of upper extremity in line with patient goals
- Patient has returned to functional activities

GOAL: *Slow and gradual pain-free progression of ROM and strength in order to return to all normal ADLs, work, and recreational activities*

*****Expected Recovery Time is approximately 6-9 Months*****

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office at 781-337-5555.