



## Total Shoulder Arthroplasty Physical Therapy Protocol

### Maximal Protective Phase (Weeks 0-4)

1-2 visits in hospital, first outpatient visits approximately post-op day 10

- Protect healing tissues
  - Sling use 4 weeks (unless otherwise noted by physician)
  - PROM 0-4 weeks
  - Limit ER to 0 degrees, ABO 45 degrees (unless otherwise noted by physician)
  - NWB through operated arm
- HEP= Cadman/pendulum, elbow and wrist ROM/stretching, Scapular squeezes
  - Gentle forward elevation table stretch in pain-free range unless limit set by MD or with concurrent secondary procedure (i.e., bicep tenodesis)
- Education in ADLs (don/doff sling, clothes, hygiene with precautions), wound care
- May do Active assisted/passive range in pool when incisions well healed, for ROM and ease of movement NO resistance at this phase

### Moderate>>Minimal Protective Phase (Weeks 4-6)

- Progress ER as tolerated (unless otherwise noted by physician)
- Initiate gentle IR ROM
- Initiate AAFOM Week 4 and AROM Week 6 (with MD clearance)
- Goal full functional \*\*AROM 8-10 weeks (with MD clearance). May be longer if tissue adaptation was long standing pre-surgery
- If ROM comes along faster than above timeframes = re-enforce protection precautions and discourage "overdoing it"
- Strengthening during this phase = mostly by increased use with ADLs and AROM

### Initial Strengthening Phase (After Week 8, if appropriate)

- Progressive AROM >> with physician clearance, initially starting with < 1-2 pound weights in protected ROM, gradual increase to no greater than 5 pounds (until cleared by MD at 3 month followup visit)

- Avoid lifting or carrying more than 5 pounds (until cleared by physician at 3 month followup)
- Progress scapular, elbow and wrist strengthening
- Avoid "strengthening" IR until has physician clearance (due to subscapularis involvement)

## Return to Activity

If patient has good ROM, AOL strength, and only if cleared by physician).

- Light weight machines = month 3-4
- Golf
  - Month 3-4 = putting
  - Month 5-6 = (depending on arm dominance) , start with ½to¾ swing with short irons, progressing over the next month to longer club

Three major categories of activities should be avoided. These include:

- Activities causing high impact stresses on the implant
- Activities with potentially high risk of injury
- Activities that may result in falling or getting tangled with opponents risking dislocation of the joint itself or a fracture of the bone around the implant.

These types of activities include sport activities requiring a vigorous throwing motion of the arm, chopping wood, hammering, heavy lifting or pushing activities, martial arts, and rough contact sports (such as, football, soccer, lacrosse, basketball, baseball, handball, and volleyball).

The above information is only a guideline. May be modified by the judgment of the surgeon, depending on bone/tissue quality.