
Total Shoulder Arthroplasty Post-Operative Rehabilitation Protocol Illinois Bone & Joint Institute

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a total shoulder replacement. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual 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.

Phase 1: **Time Frame:** 0-4 weeks

Immobilization: Sling / Immobilizer / brace x 4 weeks

Restrictions: Limit ROM to passive and active assist. Limits on ROM: ER 20°, FF 140° ABD 90°. No AROM or strengthening. Important to protect subscapularis tendon repair. Subscapularis tendon repair takes up to 10-12 weeks to heal. ROM should be a slow stretch (not forceful).

Exercises: Gripping exercises, elbow, wrist and finger ROM. The patients PROM and AAROM for shoulder should not exceed restriction limits. Instruct on HEP to perform twice daily.

Phase 2: **Time Frame:** 4-8 weeks

Immobilization: None

Restrictions: No resistance exercises. Start AROM at 4 weeks. Hold on isometric strengthening until 6 weeks and limit to ER, ABD and scapular exercises. No IR isometric or resistance strengthening.

Exercises: Gradually increases ROM exercises and add AROM at 4 weeks. At 6 weeks begin shoulder isometric strengthening with arms at side (ER, ABD, scapular stabilization). Modalities used as needed. Emphasize HEP for stretching twice daily.

Phase 3: **Time Frame:** 8-12 weeks

Immobilization: None

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain and IR resistance. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

Exercises: Continue with shoulder PROM and AROM (Goal is 85% or greater of normal PROM by 12 weeks). Add shoulder isometric strengthening for IR at 8 weeks. Add resistance strengthening exercises at 10 weeks (12 weeks for IR). Progression should be gradual and in slow increments while avoiding pain.

Phase 4: **Time Frame:** 12+ weeks

Immobilization: None

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: ROM should be returning to normal; if not, continue to address with stretching and a HEP. Add IR to resistive strengthening exercises. Progressive upper-body strengthening may be more aggressive after 16 weeks. Add plyometric training for athletes at 20 weeks (non-contact sports). Add exercises simulating work requirements at 20 weeks as part of return to work program.

Phase 5: **Time Frame:** 26+ weeks

Goal: Restore age appropriate shoulder ROM, strength and function with progress to return to sport or return to work.

Restrictions: No specific restrictions. Advance progressively while avoiding pain. If the patient develops pain they are to return to earlier stage of rehabilitation.

Exercises: Aggressive upper-body strengthening and with initiation of plyometric training and sports or work specific training. Consider work conditioning program based on patients job requirements and patient motivation.