



## ***Total Shoulder (Anatomic) Arthroplasty Rehabilitation Protocol***

Care should be taken in managing the subscapularis post-operatively, as it is taken down and re-attached during the procedure. Therefore, no active internal rotation (IR) for 12 weeks, IR behind the back should never be pushed, and no external rotation (ER) beyond 30 deg for first 6 weeks. Expected return to activities, sport, manual labor is around 6 months.

- **Weeks: 0-6**
  - Goals: prevent stiffness, decrease swelling/inflammation, and avoid dislocation/instability/damaging subscapularis repair
  - Sling for 6 weeks
  - Begin pendulum/Codman's exercise, postural correction exercises for trunk/upper extremity immediately
  - Modalities as needed for muscle stimulation, pain control, swelling control
  - At 2 weeks, begin passive ROM only with FE, abduction, and ER; at 4 weeks initiate active-assist and isometrics
    - **No IR or cross body adduction movements; no ER beyond 30 deg**
  - Many ROM exercises may be done in supine position; while supine, a small towel/pillow can be placed behind the elbow to avoid hyperextension of the shoulder
  - Begin active-assist, active ROM of cervical spine, elbow, wrist, hand
  - Begin peri-scapular strengthening avoiding shoulder hyperextension
  - No heavy lifting (no more than a cup of coffee), no sudden jerking motions, no supporting body weight with hand/arm on operative side
- **Weeks 6-12**
  - Goals: discontinue sling, continue to improve ROM, and initiate strength
  - Begin active ROM, except for IR and cross body adduction which are only passive
  - Advance passive ROM in all planes, **but do not stretch into pain**
  - Gently advance ER ROM beyond 30 degrees, but do not push aggressively
  - Begin light functional exercise/strengthening; continue isometrics
  - Continue peri-scapular strengthening avoiding shoulder hyperextension
  - Scapular rows, side/lying ER, resisted ER in scapular plane, resisted deltoid can all be gradually initiated and increased
  - Modalities as needed for muscle stimulation, pain control, swelling control
- **Weeks 12+**
  - Goals: increase strength, return to work, sport, and/or pre-surgery functional level with minimal to no restrictions
  - Range of motion and weight bearing as tolerated – okay to initiate active IR ROM and strengthening
  - Avoid excessive IR behind the back, heavy bench press, military press, flys, pushups, etc.
  - Work on improving functional/ADL tasks as needed
  - Functional/work-specific/sport strengthening and training, if applicable
  - Customized HEP to continue once PT/OT is completed

