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REHABILITATION GUIDELINES FOR ANATOMIC TOTAL SHOULDER ARTHROPLASTY

PHASE I (0-6 WEEKS)

DATES:

Appointments	Physical therapy 2-3x/week, beginning 2-5 days post-op
Rehabilitation Goals	<ul style="list-style-type: none"> • Allow healing of soft tissue • Gradually improve PROM of the shoulder and restore AROM of elbow, wrist, hand • Reduce pain and edema • Maintain integrity of replaced joint
Precautions	<ul style="list-style-type: none"> • Sling at all times with exception of shower and PT exercises • While supine, small pillow or towel behind elbow to prevent hyperextension/anterior capsule stretch • No AROM shoulder • No reaching hand behind back or excessive IR • No excessive stretching or sudden movements into ER • No supporting body weight on hands
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Pendulums • PROM table slides into flexion • PROM ER to 30 degrees in scapular plane • PROM IR • Active elbow, wrist, hand exercises
Cardiovascular Exercises	<ul style="list-style-type: none"> • Light walking if able to maintain balance
Progression Criteria	<ul style="list-style-type: none"> • Tolerates PROM • Has achieved PROM of at least: 90 degrees for forward flexion and scaption, 45 degrees ER in the plane of the scapula, 30 degrees IR in the plane of the scapula and 30 degrees abduction • If patient has not reached these degrees, aggressive stretching/mobilization is not indicated. Continue with gradual ROM and grade 1 mobilizations

PHASE II (6-12 WEEKS)

DATES:

Appointments	Continue physical therapy 2-3x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Continue progression of PROM (full PROM is not expected)



	<ul style="list-style-type: none"> • Gradually restore AROM • Do not overstress healing tissue • Re-establish dynamic shoulder and scapular stability
Precautions	<ul style="list-style-type: none"> • Wean out of sling • Continue to place a small pillow or towel behind the elbow while supine to avoid shoulder hyperextension • Avoid repetitive exercises against gravity if poor shoulder mechanics are present • No heavy lifting greater than 5 pounds • No upper body weight bearing
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Initiate AAROM exercises with pulleys and pole • Begin pain free AROM in gravity minimized positions at 8 weeks • Sub-maximal pain free shoulder isometrics • Progress distal extremity exercises to light resistance • Initiate assisted shoulder behind the back stretch at 8 weeks • Progress to Thera band and resisted exercises later in the phase as appropriate
Cardiovascular Exercises	<ul style="list-style-type: none"> • Walking • Can start light arm bike at 8 weeks
Progression Criteria	<ul style="list-style-type: none"> • Tolerates PROM/AAROM, isometric exercises • Has achieved PROM of at least: 140 degrees forward flexion and scaption, ER of 60 degrees, IR of 70 degrees in the scapular plane • Able to actively elevate shoulder against gravity to 100 degrees

PHASE III (12-16WEEKS) DATES:

Appointments	Depending on progress, can continue 2 x per week or phase to 1 x per week
Rehabilitation Goals	<ul style="list-style-type: none"> • Enhance functional use and activities of operative upper extremity • Enhance shoulder mechanics, muscular strength, endurance
Precautions	<ul style="list-style-type: none"> • No lifting > 6 lbs • No sudden lifting or pushing
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue progression or resisted exercises and dynamic stability • Initiate weight bearing exercises
Cardiovascular Exercises	<ul style="list-style-type: none"> • Walking • Stationary bike • Gentle arm bike
Progression Criteria	<ul style="list-style-type: none"> • Good scapular control without upper trap substitution • Return to ADLs without difficulty

PHASE IV (16 WEEKS +)
DATES:



Appointments	Continue physical therapy 1 x/week or discharged to HEP
Rehabilitation Goals	<ul style="list-style-type: none">• Patient has returned to advanced functional activities• Return to recreational hobbies and sports
Precautions	<ul style="list-style-type: none">• Be cautious with lifting heavier weight
Suggested Therapeutic Exercises	<ul style="list-style-type: none">• Continue with advanced level exercises and discharge to independent HEP at the physical therapist's discretion
Cardiovascular Exercises	<ul style="list-style-type: none">• Cardiovascular exercise of the patient's choice
Progression Criteria	<ul style="list-style-type: none">• Return to full functional activities and sport

REFERENCE MAMMOTH HOSPITAL PT PROTOCOL