

Total Shoulder Arthroplasty Postoperative Protocol

Craig Vosburgh, MD
Orthopedic and Sports Medicine
kutopeka.com/ortho

Patient Name:

Date of Surgery:

The following protocol is to be used as a guide. The therapist will also use clinical experience and judgment to help guide the patient through recovery, consulting the referring physician when necessary.

Weeks 1-2

ROM Limits: FF-120, Ext Rot-20, Abduction-75, Int Rot-Abdomen
Progress PROM as tolerated
Initiated joint mobilization as tolerated
Continue with discharge HEP
 Pendulum exercises
 Shoulder shrugs
 Active ROM about the elbow/forearm/wrist/hand
Modalities to decrease pain and swelling
Initiate AAROM shoulder flexion and abduction with pulleys
Shoulder Isometrics (NO internal rotation resistance for 6 weeks)

Patient instructions:

No lifting more than cup, phone or magazine
While in bed, place pillow or blanket under elbow reduce shoulder extension
Keep incision dry and clean
No quick, sudden moves

Weeks 3-4

ROM Limits: FF-140, Ext Rot-30, Abduction-90, Int Rot-buttock
Wean from sling
Initiate table slides and UBE (forward/reverse)
Continue with modalities to reduce pain and swelling
Initiate isometric scapular proprioceptive exercises
Initiate light biceps/triceps strengthening

Weeks 6-8

Progress ROM as tolerated (Limit Ext Rot-45 degrees)
Progress with UBE
Continue with pulley exercises
Initiate resistance for internal rotation isometrics
Progress resistive exercise: wall push-up plus, Body Blade....

Weeks 8+

Progress to full ROM in all planes (equal to contralateral side)
Initiate Theraband IR/ER
Progressive resistive exercise
Limit lifting to 5 lbs with outstretched arm
No sudden lifting or pushing activities.

Weeks 12+

Advanced strengthening phase

All strengthening exercise progress may be delayed if patient required rotator cuff repair at time of TSA