



ORTHOPEDICS & SPORTS MEDICINE BAYCARE CLINIC®

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Total Shoulder or Reverse Arthroplasty Protocol

Phase 1 – Maximum Protection (0-6 weeks)

Goals for phase 1

- Pain and edema control
- Patient education
- ROM
- Initiate HEP

Immobilization

- Sling immobilization with abduction pillow for 6 weeks except for bathing and therapeutic exercises
- Post-Op Physical Therapy
- PT 2-3 times per week. Please provide progress notes for review at 6 weeks and 12 weeks.

Weeks 0 – 2

Range of Motion

- Codman/pendulum exercises, Scapulothoracic mobilization, Passive supine flexion (limit 130° for first 3 weeks, then advance to tolerance)
- Passive and assisted external rotation (Limited to 25° for first 3 weeks, then advance to tolerance in patients with reverse TSA)
- Distal active ROM exercises (elbow, wrist, hand)

Strengthening

- Peri-scapular exercises
- Deltoid Isometrics
- Wrist/Hand exercises

Weeks 2 – 6

Range of Motion

- Passive Forward flexion to 140°, External Rotation to 60°, Abduction to 120°
- Active assisted forward flexion
- Elbow flexion/extension
- Avoid cross-body or internal rotation motion

Strengthening

- Peri-scapular strengthening exercises
- Shoulder isometrics
- Wrist/hand

Phase 2 – Active Range of Motion (6-12 weeks)

Goals for phase 2

- Advance PROM in all planes
- Begin AROM
- Advance to independent HEP

Immobilization

- Sling may be discontinued at 6 weeks

AAROM

- Active supine forward flexion with elbow flexed
- Active forward flexion raising arm from table-top
- Gradual increase of activities from supine to vertical position

AROM

- Progress to active flexion, extension, abduction and external rotation
- Begin active internal rotation -> limiting excessive internal rotation
- Gradual increase of active ROM exercises



Strengthening

- Closed kinetic chain exercises
- Theraband exercises for flexion, extension, and external rotation (limit internal rotation strengthening)
- Light resistive exercises

Phase 3 – Strengthening (12+ weeks)

Goals for Phase 3

- Advance end range PROM/AROM
- Restore normal scapulothoracic rhythm
- Advance muscle strength
- Transition to independent HEP

PROM

- Progress ROM as tolerated
- Initiate end-range sustained ER stretching once subscapularis is stable and healed

AROM

- Progress as tolerated

Strengthening

- Isometrics in all directions
- Progress resistive exercises
- Include light weights, advance as tolerated
- Progress to full independence with ADL and functional muscle strength and coordination