

Total Shoulder Arthroplasty

Phase I (1 – 5 days post-op)

- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM:
 - Shoulder pendulums
 - AROM: forearm, wrist, and hand
- Exercises:
 - Parascapular strengthening and scapular stabilization
 - Grip strengthening

Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor site/scar management techniques
- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM:
 - PROM progressing to AAROM progressing to AROM gradually
 - Maximums:
 - Abduction 75 degrees
 - Flexion 120 degrees
 - ER 40 degrees (NO PROM)
 - IR NO ACTIVE
 - EXTENSION NO ACTIVE
 - AROM forearm, wrist, and ahand
- Strengthening:
 - Continue parascapular strengthening and grip strengthening
 - Until 8 weeks, Avoid resisted elbow flexion and supination (bicep)

Phase III (4 weeks – 10 weeks post-op)

- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling: Until 4 weeks, ultrasling worn continuously, except in therapy or during exercise sessions. Until 6 weeks, continue to wear sling outdoors or in public settings
- ROM:
 - PROM:
 - Beginning at 4 weeks post-op, PROM into flexion and scaption
 - Pulleys and table stretches
 - NO PASSIVE ER

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- AROM:
 - By 6 weeks, begin progressing ER to 60 degrees
 - At 6 weeks, begin ACTIVE IR and Extension
 - By 10 weeks, achieve 140-150 degrees of active flexion and scaption
- Strengthening:
 - At 6 weeks, begin Isometrics for flexion, scaption, and ER
 - At 8 weeks, begin PREs for flexion, scaption, and ER

Phase IV (10+ weeks post-op)

- ROM: Unrestricted
- Mobilizations: GH joint mobilizations
- Strengthening:
 - Progress RTC/parascapular strengthening to return to ADLs or work activity

Adapted From:

- 1) Wilk KE, Reinold MM, Andrews, JR. Total Shoulder Replacement Post-Operative Rehabilitation Program. Winchester MA; Advanced Continuing Education Institute, 2004.