

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:
 - Periscapular 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:
 - Maximums:
 - Abduction 75 degrees
 - Flexion 120 degrees
 - ER 40 degrees (NO PROM)
 - NO ACTIVE IR
 - NO ACTIVE EXTENSION
 - AROM forearm, wrist, and hand
- Strengthening:
 - Continue periscapular strengthening and grip strengthening including prone scap retractions and low row
 - Starting at 10 days post-op, begin isometrics for abd/E

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

- Modalities: PRN for pain and inflammation (ice, IFC)
- Sling:
 - At 4 weeks, begin weaning out of Ultrasling in controlled environments and remove abd pillow
 - Until 6 weeks, continue to wear sling outdoors or in public settings

- ROM:
 - PROM & stretching:
 - At 4 weeks post-op, PROM stretching into flexion and scaption as tolerated (120+ degrees)
 - At 4 weeks AAROM for flexion and scaption
 - NO PASSIVE ER
 - Until 6 weeks, NO ACTIVE IR
 - Until 6 weeks, NO ACTIVE EXTENSION
 - At 8 weeks: IR behind back, SL horizontal abduction, tricep, lat, sleeper stretches
 - AAROM/AROM:
 - By 6 weeks, progress 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 and IR, serratus punches, bicep curls, tricep extension
 - At 8 weeks, begin PREs for flexion, scaption, and ER
 - At 8 weeks D1/D2, quadruped alt isometrics, wall ball stability

Phase IV (10+ weeks post-op)

- ROM: Unrestricted
 - Goals
 - ER: 60 deg
 - IR in scaption: 70 deg
 - Flex/scap: 140-150 deg
- Mobilizations: GH joint mobilizations
- Strengthening:
 - Progress RTC/periscapular strengthening to return to ADLs or work activity (push up plus, Band IR/ER @ 90 deg abd)

Adapted From:

- 1) Wilk KE, Reinold MM, Andrews, JR. Total Shoulder Replacement Post-Operative Rehabilitation Program. Winchester MA; Advanced Continuing Education Institute, 2019.
- 2) The Brigham and Women's Hospital Inc. Dept. of Rehabilitation Services, 2016.