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## Total Shoulder Arthroplasty Protocol

The total shoulder arthroplasty (TSA), hemiarthroplasty, and reverse total shoulder arthroplasty procedures are performed to improve function, increase active range of motion, and reduce pain of the shoulder. The following is a guideline for progression of post-operative treatment.

### General Information:

- Time required for full recovery is 9-12 months, but results vary considerably between patients
- Accelerating rehabilitation for “fast healers” may inhibit results and lead to recurrent problems or complications.
- Patients may never regain full, normal motion, but patients will be encouraged to reach their maximal level of function.
- Obtain pain free PROM and AROM with appropriate mechanics.
- Diminish early pain and inflammation.
- Less assertive therapy produces improved motion, strength, patient satisfaction, and outcomes.
- If in doubt, LESS is MORE when doing shoulder rehabilitation, PROM is NOT stretching.
- No forceful manual stretching is indicated in any case.

### Precautions:

- In this procedure, the subscapularis tendon is detached for exposure of the glenohumeral joint and then reattached after the surgery is complete. This reattachment must be protected for 6 weeks. During this time, limit ER to no more than 30°

### Immobilization:

- Sling shoulder be worn for the first 72 hours
- After three days, sling can be removed for light activity such as desk work
- Sling should be worn as needed during the day, whenever the patient is active or in an unprotected environment. It should always be worn at night for the first 6 weeks
- Discontinue sling completely at 6 weeks

**Please contact New West Sports Medicine if there are any questions.**

### 1<sup>st</sup> Post-Op Visit

- Wound inspection
- Patient education
  - No active shoulder motion for 4 weeks, all planes
  - No active internal rotation for 6 weeks
  - Sling use as directed by physician
  - Keep wound dry
  - Icing 3x/day for 20 minutes
- Exercise:
  - Pendulum circles without weight (30 seconds CW/CCW 4x/day)
  - AROM exercises:
    - Elbow flexion/extension
    - Wrist flexion/extension, supination/pronation
    - Hand grips
- Modalities and Ice PRN

### 1 Week Post-Op

- Wound Check
  - If wound is sealed, the patient may shower without cover, but do not soak
- Exercise
  - Pendulum exercises
  - Supine AAROM with cane in flexion to patient tolerance, ER to 20°
    - PRN with therapist only
  - Wrist ROM, gripping exercises
- Modalities and Ice PRN

### 2-6 Weeks Post-Op

- Wound Check
  - If wound is sealed, the patient may shower without cover, but do not soak
- Exercise
  - AAROM
    - Flexion and ER- **limit ER to 30° or as directed by physician**
    - With cane- progress to finger ladder/wall climb/pulley system
    - **Pulleys** for home exercise program
    - Pendulum exercise with light weight
    - Progressive resistive exercises:
      - Shoulder shrugs
      - Scapular retractions
      - Gripping exercises
      - Wrist supination/pronation
      - Wrist flexion/extension
- Modalities and Ice PRN

### **6 Weeks Post-Op**

- Discontinue sling use
- Exercise:
  - AROM
    - All planes – **Limit ER to 45°**
  - Progressive resistive exercise (**pain free**)—continue as previous adding:
    - Theraband: bilateral mid row, tricep extension at 0° abduction, low row
      - Never cross 0° of shoulder extension with row exercise
    - Rhythmic stabilization
- Grade I/II glenohumeral joint mobilization – as indicated only
- Modalities and Ice PRN

### **8 Weeks Post-Op**

- Full PROM, ER to 60°, and advance to full AROM
  - May add **gentle** stretching in forward flexion (if lacking)
  - Never stretch in abduction and external rotation
- Exercise:
  - Progressive resistive exercise (**pain free**)—continue as previous adding:
    - Low resistance with high repetition as tolerated by pain:
      - Flexion
      - Scaption (limit to 70°)
      - Bent-over single arm row
      - Prone Extension (if patient can tolerate prone position)
- Grade I/II glenohumeral joint mobilization – as indicated
- Modalities and Ice PRN

### **10 Weeks Post-Op**

- Full PROM, ER to 60°
  - May start gentle passive stretching in other planes (FF, Abd, IR, ER)
- Exercise
  - Progressive **pain free** resistive exercise – continue as previous, adding:
    - Light Bicep Curls
      - Hold until 12 weeks if biceps tenodesis performed
  - Progress weight and ROM as tolerated by patient with open chain exercises and proprioceptive activities
- Glenohumeral joint mobilization - as indicated
- Modalities and Ice PRN

### **12 Weeks Post-Op**

- The patient should have full AROM, ER to 60°
  - Continue gentle passive stretching to achieve full ROM (FF, Abd, IR, ER)
- Exercise
  - Progressive pain free resistive exercise – continue as previous, adding closed chain exercises **only if appropriate.**
- Glenohumeral Mobilization as indicated
- Modalities and Ice PRN

### **16 Weeks Post-Op**

- The patient should have full AROM, ER to 75°
- Exercise
  - Continue with exercise program, progressing weight and endurance as tolerated
- Glenohumeral mobilization as indicated
- Modalities and Ice PRN
- May gradually resume activity of daily living with the following restrictions:
  - No lifting over 15 lbs
  - Avoid pushing self out of seats, cars, bed, etc. with surgical upper extremity

### **24 Weeks Post-Op**

- Progression to functional activity as directed by physician
- Continue 15 lb lifting restriction and avoidance of UE assist with transfer for a lifetime