

## Rehabilitation Protocol: Anatomic Total Shoulder Arthroplasty

**Date of Surgery:** \_\_\_\_\_

**Subscapularis Management:** ☐ Peel    ☐ Tenotomy    ☐ Lesser Tuberosity Osteotomy

Time points are guidelines – goals of each phase should be achieved before advancing. Please contact our office with any questions or concerns.

### ☐ **Phase I – Passive Range of Motion (Weeks 0–6)**

- **Subscapularis Safe Zone:** The subscapularis is released and repaired during surgery and must be protected for 6 weeks. May begin post-op day 1; may take a few weeks to reach limits depending on comfort.
  - **Forward flexion: maximum 130°**
  - **External rotation: maximum 30°**
  - **No abduction**
- **Sling:**
  - **Weeks 0–2:** Sling with abduction pillow at all times; remove only for home exercises (5×/day), showering, and dressing
  - **Weeks 2–6:** Sling when out of the home or in uncontrolled environments and for sleep; may remove at home and in safe environments
- **Activity:** Weeks 2–6 – waist-level activities with elbow at side and hand in front of body (typing, writing, eating, washing face). No lifting, reaching, or pulling anything heavier than a cup of coffee
- **Range of Motion** – PROM only within safe zone; emphasize supine, well-arm assisted forward flexion and ER
- **Therapeutic Exercises**
  - Pendulums
  - Passive supine well-arm assisted forward flexion, in front of the scapular plane as pain allows (max 130°)
  - Passive supine cane-assisted ER with elbow at side (max 30°)
  - Active scapular retraction and elevation, sitting or standing
  - Active elbow, wrist, and hand ROM – grasping and gripping lightweight objects
  - Home exercise program 5 times daily (see attached)
- **Modalities:** Ice or cold therapy device as much as possible for the first 8–10 days, then 20–30 minutes at a time, especially after exercise. Monitor for forearm, hand, or finger edema
- **Goals:** PROM 130° FF and 30° ER by end of phase; decrease pain and atrophy; joint protection education

### ☐ **Phase II – Active Range of Motion (Weeks 6–12)**

- **Sling:** Discontinue
- **Range of Motion** – After 6-week visit, may progress beyond the safe zone as tolerated; emphasize ROM before strengthening
- **Precautions:** No resisted internal rotation until 10 weeks
- **Therapeutic Exercises**
  - Continue PROM as in Phase I; encourage smooth, natural movement patterns
  - Progress AAROM (cane) to AROM toward full range
  - Forward flexion: supine well-arm assisted, then active reclined, then sitting
  - Side-lying ER against gravity
  - Encourage normal scapular mechanics with active motion

- Theraband or light dumbbells (2 lbs) for flexion, extension, and ER
- Scapulothoracic strengthening (prone extension, prone T, etc.)
- Aquatic therapy may begin after 6-week visit once wound is healed
- Continue home stretching as tolerated; ice after exercise
- **Goals:** Full ROM by end of phase; improve strength and scapular stabilization; decrease pain; increase function

☐ **Phase III – Final Strengthening (Week 12+)**

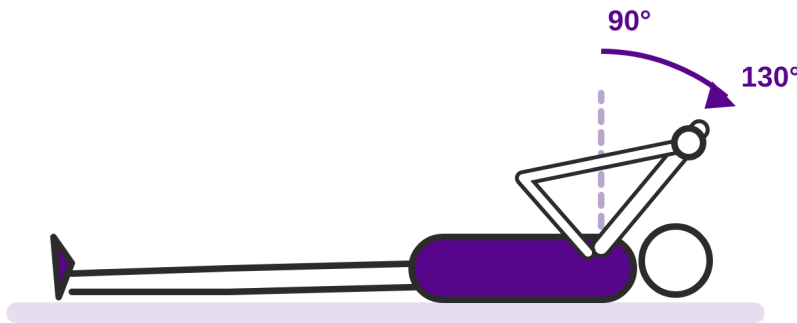
- **Precautions:** No sudden, forceful resisted IR (e.g., golf, wood splitting, swimming) until 3 months
- **Progression:** If acceptable motion achieved (**>160° FF, 60° ER, IR to T12 or above**), maximize strength; otherwise continue stretching program
- **Therapeutic Exercises**
  - Progress Theraband and dumbbell resistance as tolerated – light enough to complete at least 20 reps per set
  - Neuromuscular control and functional activity progression
  - Aerobic training and modalities as appropriate
  - Continue home stretching program at least once daily to maintain full ROM
- **Notes for Therapist:**
  - Improvements in motion, strength, and function may continue beyond 1 year
  - Please report signs of complications (infection, fracture, heterotopic ossification, instability, nerve injury, stiffness, rotator cuff tear), unusual symptoms, or lack of progress to our office

## Home Range of Motion Exercises (Weeks 0–6)

- Perform passive, assisted forward flexion and external rotation with the operative arm. Use your non-operative arm as the "therapist arm" while the operative arm stays completely relaxed.
- Do 10 reps of each exercise, 5 times daily, slowly working up to the maximum degrees.

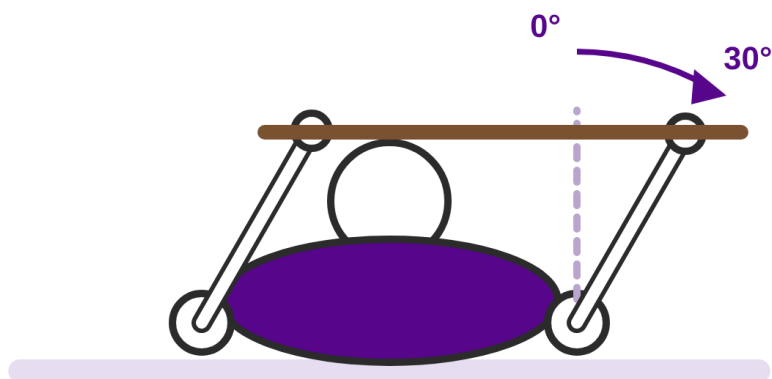
### Forward Flexion – Maximum 130°

Lie flat on your back and completely relax your operative arm. Grasp the wrist of your operative arm with your opposite hand. Using your non-operative arm, raise the operative arm up to a maximum of 130° (your arm pointing straight up toward the ceiling is 90°). Hold for 10 seconds, working up to 30 seconds. Breathe slowly and deeply. Repeat 10 times; do this 5 times per day.



### External Rotation – Maximum 30°

Lie on your back holding a cane, yardstick, or broom handle in both hands with both elbows bent to a right angle and close to your body. With your operative arm completely relaxed, use gentle, steady force from your other arm to rotate the operative hand out away from your body – only to a maximum of 30° (0° is your hand pointing straight in front of you). Hold for 10 seconds. Repeat 10 times; do this 5 times per day.



View from the foot of the bed – elbows at sides, operative arm relaxed