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## **Post-operative Rehabilitation Protocol**

### **Total Shoulder or Reverse Shoulder Arthroplasty**

#### **Phase I: (weeks 0-6)**

**Precautions:** Sling immobilization for 6 weeks except for bathing and therapeutic exercises

**Goals:** Pain and edema control; patient education; ROM; initiate HEP

#### **Treatment Strategies:**

- Codman/pendulum exercises
- Scapulothoracic mobilization
- Passive supine forward flexion (limit 130° for first 3 weeks, then advance to tolerance)
- Assisted supine forward flexion
- Passive and assisted external rotation (limit to 25° for first 3 weeks and then advance to tolerance)
- Assisted extension
- Deltoid isometrics
- Distal active ROM exercises (elbow, wrist and hand)

#### **Phase II: (weeks 6-12)**

**Precautions:** Sling may be discontinued at 6 weeks

**Goals:** Advance PROM in all planes; begin active ROM; advance to independent HEP

#### **Treatment Strategies:**

- Active supine forward flexion with elbow flexed
- Active forward flexion raising arm from table top
- Gradual increase of activities from supine to vertical position
- Progress to active flexion, extension, abduction, and internal rotation
- Begin active internal rotation
- Gradual increase of active ROM exercises
- Closed kinetic chain exercises
- Theraband exercises for flexion, extension, external rotation
- Light resistive exercises

#### **Phase III: (week 12+)**

**Goals:** Advance end range PROM/AROM; restore normal scapulothoracic rhythm; advance muscle strength; transition to independent HEP

#### **Treatment Strategies:**

- Progress ROM as tolerated
- Flexibility exercises
- Isometrics
- Increase resistive exercises

- Include light weights, advance as tolerated
- Progress to full independence with ADL and functional muscle strength and coordination

**PT 2-3 times per week for 12 weeks. Please provide progress notes for review at 6 weeks and 12 weeks.**