

Rehabilitation Protocol: Total Shoulder Replacement

Name: _____
Date: _____ Date of Surgery: _____
Diagnosis: _____

Phase I (Weeks 0-6)

- Sling immobilization for first 4-6 weeks—out of sling to do home exercise program (pendulums) twice daily
- **Range of Motion** – PROM → AAROM → AROM as tolerated except **No Active Internal Rotation/Backwards Extension For 6 Weeks (Protect Subscapularis Repair)**
 - **Week 1 Goal:** 90° Forward Flexion, 20° External Rotation at the Side, Maximum 75° Abduction
 - **Week 2 Goal:** 120° Forward Flexion, 40° External Rotation at the Side, Maximum 75° Abduction
- **Therapeutic Exercise**
 - Grip Strengthening
 - Pulleys/Cane
 - Elbow/Wrist/Hand Exercises
 - Teach Home Exercises -- Pendulums
 - Heat/Ice before and after PT sessions

Phase II (Weeks 6-12)

- **Discontinue sling if still being worn**
- **Range of Motion** –AAROM/AROM - increase as tolerated with gentle passive stretching at end ranges
 - Begin Active Internal Rotation and Backward Extension as tolerated
- **Therapeutic Exercise**
 - Begin light resisted exercises for Forward Flexion, External Rotation and Abduction – isometrics and bands – Concentric Motions Only
 - **No Resisted Internal Rotation, Backward Extension or Scapular Retraction**
 - Modalities per PT discretion

Phase III (Months 3-12)

- **Range of Motion** – Progress to full AROM without discomfort
- **Therapeutic Exercise**
 - Begin resisted Internal Rotation and Backward Extension exercises
 - Advance strengthening as tolerated – Rotator Cuff, Deltoid and Scapular Stabilizers
 - Begin eccentric motions, plyometrics and closed chain exercises
 - Modalities per PT discretion

Comments:

Frequency: _____ times per week Duration: _____ weeks
Signature: _____ Date: _____