



Anatomic Total Shoulder Arthroplasty Rehabilitation Protocol

Phase	Goals	Precautions / Restrictions	Treatment
Weeks 0 – 3	<ul style="list-style-type: none"> Protect surgical site + repair Emphasize P.R.I.C.E. 	<ul style="list-style-type: none"> PATIENT IS TO HAVE NO THERAPY TO SHOULDER DURING THIS TIME. 	<ul style="list-style-type: none"> Elbow / Wrist / Hand – FULL PROM/AAROM/AROM Initial visit – FOTO PRO, QuickDASH
Weeks 3 – 6	<ul style="list-style-type: none"> Protect surgical site + repair Decrease pain + inflammation Initiate gentle, pain free, passive shoulder ROM 	<ul style="list-style-type: none"> No Active Shoulder ROM No lifting of any object Remain in sling with abduction pillow for 6 weeks 	<ul style="list-style-type: none"> Introduce Shoulder Pendulum / Codman exercises Pain free shoulder Passive ROM with limits: <u>Forward elevation to 90° + External Rotation to 20°</u> Teach passive HEP (1 x per day)
Weeks 6 – 12	<ul style="list-style-type: none"> Maintain integrity of repair Progressively increase <u>PASSIVE ROM → AA ROM</u> with below goals by week 12: <ul style="list-style-type: none"> Flexion 90° - 120° ER 0 - 45° Improve muscle activation, motor control, and strength Teach active assisted HEP (1 x per day) 	<ul style="list-style-type: none"> May discontinue pillow at week 6, and wean out of sling as able over next 1 - 2 weeks Do not force motion Do not perform resisted internal rotation / arm extension No weight bearing through the involved shoulder Biceps curls – 2 lb. limit No driving until the patient has normalized their arm function 	<ul style="list-style-type: none"> Initiate pain free progression of shoulder motion: <ul style="list-style-type: none"> PROM → AAROM → AROM Initiate scapular stability exercise Initiate shoulder isometrics (<u>FE and ER ONLY</u>): <ul style="list-style-type: none"> No IR, may begin IR isometrics at week 12 Initiate manual resistance for isometrics or proprioceptive neuromuscular facilitation (PNF) Recovery modalities PRN based on patient tolerance and therapist office availability Begin low level cardiovascular exercise Week 6 – QuickDASH, FOTO PRO
Weeks 12 – 16 (Months 3 – 4)	<ul style="list-style-type: none"> Progressively increase AA ROM → ACTIVE ROM with below goals by week 16: <ul style="list-style-type: none"> Flexion 120° - 140° ER 30 - 50° Improve strength of RTC and scapular stabilizers Improve endurance of RTC and scapular stabilizers 	<ul style="list-style-type: none"> Slowly advance from a 5 lb. restriction to 10 lbs. Initiate GENTLE PAIN FREE Internal rotation stretching behind the back May use open kinetic chain as tolerated within restrictions and patient tolerance 	<ul style="list-style-type: none"> Increase scapular strengthening and stabilization Initiate Rotator Cuff isotonic as able provided no shoulder compensatory patterns Progress cardiovascular exercise <ul style="list-style-type: none"> Walking, Stationary Cycling, Jogging – No running Continue with core stability Incorporate soft tissue mobility / scar massage PRN Modalities as needed Week 12 – QuickDASH, FOTO PRO
Weeks 16 – 24 (Months 4 – 6)	<ul style="list-style-type: none"> Maintain pain free ROM Improve strength and endurance of RTC and scapular stabilizers Increase functional capacity 	<ul style="list-style-type: none"> Slowly advance from 10 lb. restriction to 25 lbs. Begin work-specific activities as appropriate Focus on form and control during exercise performance 	<ul style="list-style-type: none"> Week 16 – Continue Active Range of Motion <ul style="list-style-type: none"> FOTO, QuickDASH Advancement to isotonic exercise per tolerance in all planes, including multiplane exercises as long as: <ul style="list-style-type: none"> Isometrics are progressing No compensations during exercise performance
Weeks 24 + (Month 6+)	<ul style="list-style-type: none"> Focus on form and control during exercise performance Initiate return to sport progression and higher-level impact activity 	<ul style="list-style-type: none"> Modify work, recreational or functional activity as necessary Progress up to 25 lb. operative arm maximum lifetime recreational lifting restriction, especially with overhead activities 	<ul style="list-style-type: none"> Continue with strength of total UE and scapular stabilizers Progress from low level sport specific activity to higher demand activity Continue with Anaerobic + Aerobic interval training Week 24 – QuickDASH, FOTO, HHD / Isokinetics

This protocol is not meant to be prescriptive but a recommendation to guide the rehabilitation process.

Each patient’s progress may vary based on specifics of their injury and procedure.

