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Anatomic Total Shoulder Arthroplasty - Rehabilitation Protocol

RETURN TO ACTIVITY:

Computer | After 4 weeks

Golf | After 4 months

Tennis | After 5 months

Criteria for discharge from skilled therapy:

- Patient able to maintain non-painful AROM

-Maximized functional use of upper extremity

-Progressing muscular strength, power, and endurance

-Patient has returned to advanced functional activities

Immediately Following Surgery

- Ultra-sling for 3 weeks, regular sling for an additional 5 weeks
- ROM should be progressed pain-free; do not push internal rotation or cross-body adduction
- No passive over-pressure

Phase 0 | Quiet

Week 0 - 1

- Quiet in sling with elbow/wrist/hand
- Begin active scapular retraction/protraction exercises with therapist cueing
- **No protraction until 6 weeks**

Phase 1 | Passive

Weeks 1 - 4

- Supine external rotation - 0° or 20° (see orders)
- Supine forward elevation - 90°
- No internal rotation
- No active IR/backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and then repaired afterwards. It takes about 4-6 weeks for it to grow back onto the humerus and regenerate a blood and nerve supply.

Phase 2 | Active

Weeks 5 - 6 | *Active range of motion with passive stretch to prescribed limits*

- Supine-seated external rotation - *GRADUALLY increase to full*
- Supine-seated forward elevation - *progress to seated*
- Internal rotation - *GRADUALLY increase to full*

Phase 3 | Resisted

Week 7 | **NO Pendulums, continue to Phase 2**

Scapular mobilization

- External rotation, Internal Rotation/Extension (may start at week 10)
- Standing forward punch
- Seated rows
- Shoulder shrugs
- Bicep curls
- No scapular retraction with bands yet

Weight Training

Week 12

- Keep hands within eyesight and keep elbows bent
- Minimize overhead activities
- No military press, pull-down behind head, or wide grip bench
- Advance strengthening as tolerated; 10 reps/1 set per exercise for deltoid, and scapular stabilizers.

The intent of this protocol is to provide guidelines for progression of rehabilitation. It is not intended to serve as a substitute for clinical decision making. Progression through each phase of rehabilitation is based on clinical criteria, input and guidance from referring physician and time frames as appropriate.