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## **Anatomic and Reverse Total Shoulder Physical Therapy Protocol**

You have undergone a total shoulder replacement procedure. The performance of the procedure is complete, but for the most optimal outcome, it is vital that you follow your post operative rehabilitation protocol. The intent of this protocol is to provide the patient and therapist with a guideline for post-operative rehabilitation of a shoulder replacement.

### **Sling**

It is very important to continue to use your sling for the entire 6 weeks (this time period may change according to your particular situation) in order to protect your shoulder and diminish your chances of the subscapularis repair failing. Failure to allow this tendon to heal will severely affect your outcome, and in the case of Anatomic TSA (normal ball and socket), will likely result in early failure and require another surgery for conversion to a Reverse TSA.

### **Phase 1: Subscapularis Protection Weeks 0-6**

#### **Precautions:**

- Keep incisions clean and dry for 2 weeks post operatively and no soaking in baths, hot tubs, pools or lakes for 4 weeks
- No shoulder active range of motion
- Active Assisted range of motion (ROM) in supine position is OK to 90 degrees, BUT MUST BE ASSISTED!
- No shoulder ROM behind back
- No lifting, pushing or pulling any objects with operative arm
- DO NOT use your operative arm to push yourself up
- OK to do simple pendulums of shoulder but limited elevation to 90 degrees and external rotation to 30 degrees



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- For Weeks 0-6, A small pillow or towel roll should be placed behind the elbow while lying down in order to avoid shoulder hyperextension which will stretch anterior capsule and subscapularis.
- It is also OK to remove your sling when you are sitting around house. Simply let your arm rest on your lap.
  - BUT YOU MUST WEAR THE SLING IF YOU GET UP AT ALL!
- No weight bearing on operative arm for first 6 weeks

### **Goals/Treatment:**

- **Healing of the subscapularis repair**
- Joint protection while allowing it to move
  - Failing to move the shoulder passively and assisted during this stage can cause it to develop scar tissue that will limit movement permanently
- Enhance activities of daily living including dressing, application and removal of sling
- Scapular Clocks
- Enhance passive and active-assisted range (PROM AND AAROM) of motion with limits
  - Elevation 90 degrees (supine)
  - External rotation 30 degrees
  - Internal rotation to hip
  - Abduction to 45 degrees
- Cryotherapy
- Gentle sub-maximal isometrics of deltoid and periscapular muscles



- Extension
- External rotation
- Abduction

## **Phase 2: AROM and Early Strengthening Weeks 7-12**

### **Precautions:**

- Due to the potential of the subscapularis failing to heal fully, it is essential to gradually progress a strengthening
- No lifting anything heavier than 5 lbs.
- No supporting of body weight by operative extremity

### **Goals/Treatment:**

- Continue PROM
- Body weight stretches to improve ROM
  - Hand on table or stable surface and lean your body into the shoulder while moving it into the elevated position
  - Avoid aggressive external rotation stretches at this stage so you do not stress the subscapularis repair
- Begin Active-assisted ROM and progress to AROM as tolerated.
  - Start with AAROM and AROM in supine position and progress to standing as progress is made
  - Initiate gentle scapulothoracic rhythmic stabilization
  - Continue cryotherapy



- Patient may begin to use operative extremity for feeding and light activities of daily living such as dressing and washing
- Progress to gentle glenohumeral IR and ER isotonic strengthening in side-lying position with 1-3 lbs.

### **Phase 3 - Moderate Strengthening Week 12 +**

- Enhance functional use of operative extremity
- Enhance shoulder mechanics, muscular strength and endurance
- Lifting limit for operative extremity is 15 lbs.

### **Criteria for discharge from skilled therapy:**

- Patient is able to maintain pain free shoulder AROM demonstrating proper shoulder mechanics. (Typically 150 degrees of elevation with functional ER of about 30 degrees and having the ability to put your hand on you head without assistance)
- Typically able to complete light household and work activities.

### **Returning to Sports Activities**

- Golf - If I clear you based on your progress, I will typically allow you to start gently hitting your wedge after 4 months. No use of your driver for 12 months
- Pickleball - If your progress is appropriate, you can start playing after 4 months
- Tennis - Tennis requires more strength and impact than other sports and should not be started until after 6 months, with no serving until after 9 months to a year.
- Weight Lifting - Your therapist will start strengthening with you after 6 weeks with very light resistance. You can progress after 3 months in



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weight room but all exercises should focus on form, function and high repetitions. All movements should also be within your current range of motion

- **Limitations - Any weight lifting away from body or over head should never exceed 20 pounds.**