



**coloradosportsdoctor.com**

Christopher K. Jones, MD  
Colorado Springs Orthopaedic Group  
719-632-7669

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

You have undergone a total shoulder replacement procedure. The performance of the surgery 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 you, as 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 in order to protect your shoulder and diminish your chances of the subscapularis (rotator cuff) repair failing, or implants failing to integrate. 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.

**THERAPY:** Physical Therapy will be a vital part of your recovery, but we will not start actual supervised therapy until Week 7 (Phase 2). Recent evidence has led American Shoulder and Elbow Society to recommend against early PT. This evidence shows that early PT increases your risk of the subscapularis repair (rotator cuff) failure and potentially prevents your implants from properly healing, which drastically effects your final outcome. Further, early physical therapy has not been shown to improve final range of motion or outcome. Your PT protocol for the first 6 weeks is outlined below:

### **• Phase 1 Weeks 1-6 Maximal Protection Phase**

#### **• Precautions and Guidelines**

- Sling for 24/7 (remove for grooming, home exercise program 3-5 times/day and if sitting around. Must wear if you are up and moving around. And wear during sleep.
- Avoid reaching behind the back
- No shoulder active range of motion
- No weight bearing on shoulder
- No lifting, pushing or pulling any objects with operative arm

#### **• Goals**

- PROTECT HEALING OF ROTATOR CUFF REPAIR
- Prevent infection



- Promote distal circulation and swelling ( squeeze ball)
- Passive Range of Motion elevation 120 degrees, external rotation 30 degrees
- **Exercises**
  - Active hand, wrist and elbow motion as well as scapular clocks
  - Passive forward elevation to 90 degrees utilizing a table slides (A) or standing with arm on table and moving your body away (B)



- Passive external rotation to 30 degrees unless otherwise directed by Dr. Jones
  - This may be done by sitting with pillow on your lap as demonstrated in A
  - Or laying your arm on a table and rotating your body around the arm (B)



- Aerobic exercise such as walking and recumbent bike allowed after 2 weeks



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

• **Precautions and Guidelines**

- Motion recovery without excessive force
- Due to the potential of the subscapularis failing to heal fully, it is essential to gradually progress to strengthening
- May begin ER at 90 abduction in scapular plane to 60 degree limit
- May begin functional internal rotation with hand behind back gently
- May begin light weight bearing on arm with assistive device (cane or walker)
- Advance arm use in activity of daily living gradually
- Avoid aggressive external rotation stretches at this stage so you do not stress the subscapularis repair

• **Goals/Treatment**

- Optimize passive range of motion
- Develop active range of motion to equal passive range of motion
- Establish dynamic stability of shoulder with deltoid, rotator cuff and periscapular strengthening through AROM against gravity

• **Exercises**

- Begin stretching beyond phase 1 limits for forward elevation and external rotation
- Start with AAROM and AROM in supine position and progress to standing as progress is made
- Active internal and external rotation sitting or sidelying
- Initiate gentle scapulothoracic rhythmic stabilization
- Patient may begin to use operative extremity for feeding and light activities of daily living such as dressing and washing
- Begin strengthening with gentle glenohumeral IR and ER isotonic strengthening in side-lying position with 1-3 lbs.

• **Phase 3 - Weeks 12+ Moderate Strengthening**

• **Goals**

- 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 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.**