

Total Shoulder Arthroplasty Protocol

Dr. Bryan Perkins

General Consideration: Sling or Immobilizer x 6 weeks. Continually monitor for signs of infection. Encourage Icing program. Pre-Operative HEP (for maximizing strength and motion) may be given per patient request and need. If Supraspinatus/Infraspinatus rotator cuff repair involved with TSA: No AROM into flexion or abduction x 6 weeks. If Revision or structural glenoid grafting: Only gentle pendulum, gentle isometrics, AROM to hand/wrist/elbow x 2 weeks.

Time Frame	Treatment	Goals
Post-Op Day 1-10	External Rotation to Neutral Only PROM to AAROM for flexion/scaption toward 100 degrees. HEP: Shoulder shrugs/Scapular Squeezes; AROM to hand, wrist and elbow; Codman's Pendulum exercises per patient tolerance. HEP for the first 2 weeks.	Promote optimal healing of tissue. Mobilize Patient. Shower at 1 Week Postop.
Phase I 2-4 Weeks Post-Surgery	Progress External Rotation (to 45 degrees) and Abduction with PROM per patient tolerance. Continue progression of Flexion to patient tolerance. Start, continue exercises as above. Isometrics at 3 weeks postop. See 1-2 x weekly.	1/5 Strength Progressing patient ROM
Phase II 4-6 weeks Post -Surgery	Continue to progress PROM toward full ROM (except External Rotation to Tolerance). Deltoid and Rotator Cuff strengthening with gravity eliminated, progress to gravity resisted EXCEPT Internal Rotation. See 1-3 x weekly.	Progress ER tolerance 2/5 Strength
Phase III 6-12 weeks Post-Surgery	Deltoid and Rotator Cuff Strengthening with gravity resisted. Begin Internal Rotation strengthening against gravity. Start progressive exercise program of shoulder, AAROM to AROM, strengthening with PRE's until functional goals are met. PRE exercises no heavier than a soup can until 12 weeks. See 1-3 x weekly.	Maximize ROM Progress ER toward 90 degrees 4/5 strength
Phase IV 12-24 weeks Post-Surgery	Sport Specific Activities. Advanced strengthening.	Return to Play per MD orders.