



Austin Crow MD

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Post-operative Rehabilitation Protocol Total Shoulder or Reverse Shoulder Arthroplasty

Phase I: (weeks 0-6)

Precautions: Sling immobilization for 6 weeks except for bathing and therapeutic exercises

Goals: Pain and edema control; patient education; ROM; initiate HEP

Treatment Strategies:

- Codman/pendulum exercises
- Scapulothoracic mobilization
- Passive supine forward flexion (limit 130° for first 3 weeks, then advance to tolerance)
- Assisted supine forward flexion
- Passive and assisted external rotation (limit to 25° for first 3 weeks and then advance to tolerance)
- Assisted extension
- Deltoid isometrics
- Distal active ROM exercises (elbow, wrist and hand)

Phase II: (weeks 6-12)

Precautions: Sling may be discontinued at 6 weeks

Goals: Advance PROM in all planes; begin active ROM; advance to independent HEP

Treatment Strategies:

- Active supine forward flexion with elbow flexed
- Active forward flexion raising arm from table top
- Gradual increase of activities from supine to vertical position

- Progress to active flexion, extension, abduction, and internal rotation
- Begin active internal rotation
- Gradual increase of active ROM exercises
- Closed kinetic chain exercises
- Theraband exercises for flexion, extension, external rotation
- Light resistive exercises

Phase III: (week 12+)

Goals: Advance end range PROM/AROM; restore normal scapulothoracic rhythm; advance muscle strength; transition to independent HEP

Treatment Strategies:

- Progress ROM as tolerated
- Flexibility exercises
- Isometrics
- Increase resistive exercises
- Include light weights, advance as tolerated
- Progress to full independence with ADL and functional muscle strength and coordination

PT 2-3 times per week for 12 weeks. Please provide progress notes for review at 6 weeks and 12 weeks.

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