



**Physical Therapy Total Shoulder Arthroplasty**  
Post-Operative Therapy Plan

**Primary Surgery: Total Shoulder Arthroplasty**

**Secondary Procedures:** \_\_\_\_\_

**Subscapularis closed in \_\_\_\_\_ degrees of external rotation**

**Date of Surgery:** \_\_\_\_\_

**Surgeon:** \_\_\_\_\_

**Additional Considerations/Precautions:**

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**Sling:** \_\_\_\_ 4wks \_\_\_\_ 6 wks

**Pt to wear sling 24 hours/day. Remove for showering/dressing and PT exercises.**

**Next Follow Up with MD/PA:** \_\_\_\_\_

## TOTAL SHOULDER ARTHROPLASTY

**Precautions:** Neutral extension x 6 wks. When lying supine patient should be instructed to always be able to visualize their elbow.

**Avoid** pushing off of seat or bed with involved arm for 8 wks

**Avoid** IR x 4 wks, no greater than abdomen (no behind the back)

**Avoid** shoulder AROM x 6 wks.

**Avoid** excessive stretching into ER. \*See subcapularis limits of ER.

*Ideally patients should achieve the following milestones before advancing to the next stage.*

	<b>Intervention</b>	<b>Milestones</b>
Week 0-5 _____  <b>PROM ONLY x 4 wks</b>	Control pain and inflammation Elbow/wrist/hand AROM Postural education/Scapular retraction exercises <b>At 4 wks</b> begin AAROM (flexion and scaption) as long as PROM is > 90° <b>At 4 wks</b> begin submax rotator cuff isometrics (caution with IR due to subscapularis)	Good pain management, soft tissue healing, maintain integrity of replaced joint Full elbow/wrist/hand ROM PROM goals: (to achieve, not exceed) Flexion and scaption 90(at 3 wks) 120°(at 6 wks) Abd 75° ER (scapular plane) 15(at 3 wks) 25 (at 6wks) IR (scapular plane) 70°
Weeks 6-8 _____	Continue postural and scapular exercises Add manual resistance for scapular exercises Progress shoulder PROM <b>to tolerance</b> Continue isometrics Begin shoulder AROM exercises (supine→standing) for all motions Manual PNF in supine at <b>week 8</b> Begin assisted horizontal adduction	Full PROM Overhead AROM with good mechanics to 100°
Week 9-11 _____	Progress AROM exercises to include IR with hand behind back as ROM allows ( <b>With Caution</b> ) Begin PREs – theraband exercises	Overhead AROM with good mechanics to 120° Functional with ADLs below chest level
Week 12+ _____	Transition to home program 3-4x/wk Continue to progress AROM Progress strengthening exercises Initiate closed chain exercises Gradual return to functional activities If progressing to gym program: - Always see back of hand - Chest press to neutral - No overhead with weight	AROM painfree and with good mechanics 4/5 strength for all motions Return to recreational hobbies/sports

- Remember, there is limited stability within this joint. Be cautious with weight bearing through the shoulder/UE, and with any heavy resisted exercise.
- Always use professional discretion. Some patients may progress slower than others. The given timeframes are an approximate guide for progression, achieving the milestones should serve as a better reference for progression to the next phase. Please consult with the physician if any questions or concerns.

This therapy plan provides a synopsis of guidelines for recovering from surgery with St. Luke's Sports Medicine. It is provided as an educational resource. Individual circumstances vary and these plans cannot replace the advice of a medical professional.