UNION GENERAL ORTHOPEDICS & SPORTS MEDICINE
AFFILIATE OF: UNION GENERAL HEALTH SYSTEM

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ANATOMIC SHOULDER ARTHROPLASTY PHYSICAL THERAPY

Philosophy

This protocol is to be utilized as a guideline. There will always be individual differences amongst patients regarding progression and tolerance of specific activities. Progression through the protocol will depend on successful accomplishments of set milestones as assessed by the physician and the physical therapist/athletic trainer.

The physical therapist and patient must constantly be aware of changes in condition, including but not limited to signs and symptoms of joint irritation/pain, tendonitis, and effusion. The patient's home exercise program is of utmost importance and should be monitored and emphasized.

Rehabilitation should create the optimal environment for the natural process of healing to occur. Initially, there should be a strong emphasis on minimizing swelling and pain as well as motion restoration. If a patient's progress is significantly delayed, please contact the physician office to keep them informed.

If you have any questions regarding this protocol, please contact the UGH Orthopedics and Sports Medicine Department at (706) 439-6858.

CAUTION: Return to intense activities such as lifting and sports early post-operatively may increase the overall chance of setbacks like reinjury, dislocation, and symptoms of pain, swelling, or instability should be closely monitored and reported by the patient.

*For anatomic TSA, if there is a sudden increase in passive ER with weakness of internal rotation – stop PT and notify the MD to evaluate for subscapularis repair failure.

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Phase I (0-6 weeks)

Goals

1. Protect the subscapularis repair and educate patient regarding precautions
2. Decrease pain

Precautions:

1. **Only Codman's for ROM during Phase I.**
2. **Must wear sling at all times except when showering and exercising for 6 weeks.**
3. **No External rotation stretching past neutral.**
4. **No strengthening for 12 weeks.**

Exercises Phase I

Weeks 0-6

1. AROM of elbow, wrist, fingers.
2. Pendulum exercises (Codman's) all directions.
3. Gripping exercises for the hand.
4. Cervical AROM all directions.

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Phase II (6-12 weeks)

Goals

1. Decrease pain
2. Full PROM all directions.
3. Initiate AAROM (6 wks) and AROM (6 wks) with patient aware of upper trapezius substitution pattern

Precautions:

1. **No External rotation stretching past 30 degrees.**
2. **No strengthening until 12 weeks.**
3. **Avoid abnormal scapular substitution patterns with initiation of active motion**

Exercise Phase II

Weeks 6-8

1. Initiate PROM at home
2. Initiate AAROM for flexion, abduction, ER, and IR (pulleys, wand, etc), cueing for good scapular positioning/scapulohumeral rhythm
3. Can perform lower extremity strengthening and cardiovascular exercises that are non-stressful to the shoulder
4. Trunk stabilization exercises

Weeks 8-12

1. Perform AROM for flexion, and scaption with emphasis on scapular awareness to minimize the upper trap influence
2. Initiate active scapular retraction and prone Houston exercises
3. Initiate bicep and tricep strengthening with bands only
4. Begin using extremity for light ADLs

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Phase III (12-24 weeks)

Goals

1. Achieve full AROM all directions with normal scapulohumeral rhythm.
2. Minimal to no shoulder pain with light to moderate ADL's.
3. Initiate shoulder strengthening.

Precautions:

1. **all strengthening should be performed below 90 degrees until normal scapular rhythm and sufficient rotator cuff strength is achieved. Exercise bands only (no free weights) for first 4 weeks of strengthening.**
2. **No limit on ER starting week 12.**

Exercise Phase III
Weeks 12-24

1. Continue PROM and joint mobilization PRN
2. Initiate strengthening of rotator cuff, deltoid, and scapulothoracic musculature with exercise bands only. Can progress to free weights 4 weeks later if good control is present. General progression recommended:
   a. Prone scapular program
   b. Integrate functional patterns
   c. Increase speed of movements
   d. Integrate kinesthetic awareness drills into strengthening program
   e. Progress closed chain dynamic stability activities
3. Initiate proprioceptive training
4. Initiate closed chain exercises
5. Initiate active PNF patterns concentrating on technique, with gradual progression to resistive PNF patterns
6. Trunk stabilization/strengthening

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Phase IV (6 months)

***Note: At six months may begin return to golf program, lifting, etc as released by surgeon if sufficient strength exists.**

Goals

1. Return to normal ADLs without restriction

Exercises

1. Stretching PRN
2. Continue rotator cuff, scapulothoracic, and trunk strengthening program
3. Initiate progressive replication of demanding ADL/ work activities.