

ORTHOPAEDIC Total Shoulder Arthroplasty (TSA) Rehab Protocol SPECIALISTS PROM ≠ Stretching

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Phase Goals	Phase Progression Criteria	Brace	Precautions	Therapeutic Interventions
Phase I (0-4 weeks post-op) Protect joint and promote healing Gentle progression of PROM at shoulder	Tolerates PROM. PROM flexion = 90° PROM ER = 20° PROM IR = 70° Measured in scapular plane	Sling x4 weeks	No extension past neutral including laying supine x8 weeks No AROM & NWB No stretching of shoulder	Normalize hand dexterity & wrist/elbow AROM progressing to strengthening. PROM shoulder flexion to tolerance, ER<30°, IR to chest. PROM/AAROM at shoulder (i.e. pendulums, flexion table slide, dowel ER/IR)
Phase II (4-6 weeks post-op) Full PROM Gentle progression of AROM Re-establish dynamic shoulder stability	Tolerates PROM/AAROM and isometrics. PROM flexion = 140° PROM ER = 30° PROM IR = 70° AROM scpation = 100°	Sling for sleeping only	No extension past neutral including laying supine <i>x8</i> weeks No supporting of body weight No lifting more than 1lb. No stretching of shoulder	Progress shoulder PROM and AAROM flexion, ER and IR (pulleys, PT-assisted, UBE without resistance). Begin shoulder isometrics in all planes. Begin progression of scapular strengthening (rows, latissimus pulldown)
Phase III (6-12 weeks post-op) Gradual restoration of functional shoulder strength	Tolerates AROM/strengthening. AROM flexion = 140° AROM ER = 60° AROM IR = 70° *All without compensation; do not progress to next phase	D/C sling	No lifting more than 7lbs. No sudden pushing, lifting or jerking movements.	Progress AROM all planes in isolation and functionally combine movements (i.e. flexion+ER) assuring proper biomechanics and without compensation. Progress from PROM to gentle stretching. Begin self IR behind back stretch. Begin and progress pain-free resisted ER and IR. Lawn chair progression of shoulder flexion progressing to pain-free resistance.
Phase IV (12+ weeks post-op) Pain-free AROM, functional lifting and body weight support.	D/C to home with strength-based HEP if patient has pain-free functional AROM: Flexion 140°, ER 60°, IR 70°	No sling	Avoid stress to anterior capsule (i.e. ER+abduction above 80°, throwing motions)	Progress pain-free, functional strengthening program with affected UE and BUE.

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