

Total Shoulder Arthroplasty

Postoperative Therapy Plan

Date of Surgery:	
Details of Surgery:	
Surgeon:	
Next Follow Up with MD/PA:	
Additional Info:	

<u>Restrictions/Precautions</u>:

Sling:

- x 6 weeks
- Wear sling 24h/day, remove for showering/dressing, PT exercises as indicated by therapist

Other Precautions:

- Neutral extension x 6 weeks (when laying supine, patient should always be able to visualize elbow).
- AVOID pushing off of seat or bed with involved arm x 8 weeks
- AVOID IR x 6 weeks, no greater than abdomen (not behind back)
- AVOID shoulder AROM x 6 weeks
- AVOID excessive stretching into ER

Important Notes:

- 1. Weeks and months are designated in their relationship to the postoperative timeline in the grids below (e.g. Week 1 indicates postoperative days 0-7).
- 2. If a precaution/restriction is listed x 4 weeks it indicates **a full 4 weeks**, it is lifted after day 28.
- 3. Notes above supersede any notes in the grid below, as they indicate the surgeon's preferences for this individual patient and the circumstances of their surgery.



	Phase 1: Acute Postop (Weeks 0-5)		
PRECUATIONS	 Sling x 6 weeks PROM ONLY x 6 weeks PROM LIMITS: Abduction: 90° ER: 30° IR: to belly° 		
Rehab Focus	 Extension: 0° Control pain and inflammation Elbow/wrist/hand AROM Postural education Early passive mobility of shoulder Patient education re: precautions and sling use 		
Interventions to Consider	Pain Control: - Shoulder PROM - Cervical AROM Mobility: - - Shoulder PROM - Cervical, wrist, hand AROM - Cervical, wrist, hand AROM - PROM goals (TO ACHIEVE, NOT EXCEED): - Flexion/Scaption to tolerance - Abduction: 90° - ER: 30° - IR: to belly - Extension: 0°		
	 Ensure proper sling fit Educate on scapular setting in sling 		
Criteria for Progression to PROM flexion and a			

Phase 2: Subacute Postop (Weeks 6-9)			
PRECUATIONS	• Sling x 6 weeks		
	PROM ONLY x 6 weeks		
Rehab Focus	Normalize PROM		
	Initiation of progression to AAROM and AROM		
	Initiation of gentle progressive loading (isometrics, progressive closed chain)		
	Control pain and inflammation		

This therapy plan provides a synopsis of guidelines for recovering from sports-related 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.



Interventions to Consider	Pain Control:		
	- Shoulder PROM		
	- Cervical AROM		
Continue previous			
interventions as	Mobility + Loading:		
appropriate	- Week 5: Begin AAROM into flexion and scaption		
	 Begin pain-free submaximal rotator cuff isometrics 		
	 Begin gentle assisted horizontal adduction 		
	 Add progressive resistance to scapular exercises as appropriate 		
	- Week 6: wean from sling		
	- Week 6: Begin gentle AROM exercises progressing from supine to standing		
	 Initiate gentle progressive loading in closed chain 		
	- Week 8: Consider manual PNF in supine		
Criteria for Progression to F	Phase 3:		
 PROM ≥ 90% WNL 			

- Overhead AROM with good mechanics to 100°

Phase 3: Functional (Weeks 10-12)				
Rehab Focus	 Progressive functional mobility Control pain and inflammation as activity increases 			
Interventions to Consider Continue previous interventions as appropriate	Mobility + Loading: - Continue to progress AROM to tolerance in standing with attention to mechanics - Begin progressive resistive exercises in all planes - Attention to end range mobility			
Criteria for Progression to Phase 4: - Overhead AROM with good mechanics to 120° Data free functional ADIs below short level				

- Pain-free functional ADLs below chest level

Phase 4: Return to Activity (Weeks 12+)		
Rehab Focus	 Continued progression of functional mobility Continued attention to end range mobility Gradual return to desired recreational activities with physician approval 	



Internetiens to Consider					
Interventions to Consider	Mobility + Loading:				
	 Continue to progress functional AROM 				
	 Progress strengthening in all planes with attention to desired recreation 				
Continue previous	activities, but cautious to avoid excessive loading				
interventions as	- Attention to end range mobility				
appropriate					
	Gym Activity:				
	- No lifting >25# single arm				
	- No lifting >50# with both arms				
	-				
	AND/OR: Weight lifting such that 15-20 reps can be accomplished				
	Dationt Education row Activity				
	 <u>Patient Education re: Activity</u>: Be cautious with progressive weight bearing through the shoulder and with 				
	heavy resisted exercise.				
General Return to Activity	- Running:	3 months			
Timelines	- Weight Training:				
	- Golf:	4 months			
	- Swimming:	4 months			
	- Pickleball:	4.5 months			
	- Skiing:	5 months			
Goals for Discharge:					
- AROM >75% WI	'NL pain free with good mechar	nics			
- 4/5 strength in a	all shoulder planes				
- Return to physic	- Return to physician approved recreational activities.				
Follow up with surgeon reg	arding official discharge status				
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