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Rehabilitation Protocol: Total Shoulder Replacement

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery: _____

Phase I (Weeks 0-6)

- Sling immobilization for first 4-6 weeks—out of sling to do passive ROM twice daily with following restrictions: passive forward elevation in the plane of the scapula as tolerated, external rotation to neutral, internal rotation to chest wall
- Range of Motion – PROM → AAROM → AROM as tolerated except **No Active Internal Rotation/Backwards Extension For 6 Weeks (Protect Subscapularis Repair)**
 - **Week 1 Goal:** 90° Forward Flexion, 0° External Rotation at the Side, Maximum 75° Abduction
 - **Week 2 Goal:** 120° Forward Flexion, 20° External Rotation at the Side, Maximum 75° Abduction
- Therapeutic Exercise
 - Grip Strengthening
 - Pulleys/Cane
 - Elbow/Wrist/Hand Exercises
 - Teach Home Exercises -- Pendulums
- Heat/Ice before and after PT sessions

Phase II (Weeks 6-12)

- Discontinue sling if still being worn
- Range of Motion –AAROM/AROM - increase as tolerated with gentle passive stretching at end ranges
 - Begin Active Internal Rotation and Backward Extension as tolerated
- Therapeutic Exercise
 - Begin light resisted exercises for Forward Flexion, External Rotation and Abduction – isometrics and bands – Concentric Motions Only
 - **No Resisted Internal Rotation, Backward Extension or Scapular Retraction**
- Modalities per PT discretion

Phase III (Months 3-12)

- Range of Motion – Progress to full AROM without discomfort
- Therapeutic Exercise
 - Begin resisted Internal Rotation and Backward Extension exercises
 - Advance strengthening as tolerated – Rotator Cuff, Deltoid and Scapular Stabilizers
 - Begin eccentric motions, plyometrics and closed chain exercises
- Modalities per PT discretion

Frequency: _____ times per week

Duration: _____ weeks

Send Progress notes

Physician's Signature: _____ Michael S. Day, MD

(I have medically prescribed the above treatments)