# Total Shoulder Arthroplasty

Name: _____ DOB: _____ DOS: _____

Dr. Michael G. Rizzo, MD DX: _____

● = Do exercise for that week

**PROM**

**Restrictions**

**FE: See Chart**

**ER: See Chart**

**IR: See Chart**

**ABD: See Chart**

**Begin Full PROM**

Week 5

**Begin AAROM**

Week 5

**Begin AROM**

Week 4

**Sling**

x 4 weeks

**T.E.D. Hose**

x 5 days

**Time Lines**

Week 1 (POD 1-7)

Week 2 (POD 8-14)

Week 3 (POD 15-21)

Week 4 (POD 22-28)

**Precautions**

1. Avoid ER90/90 position x 6 weeks

2. Avoid reaching behind back x 6 weeks

3. No Resisted Elbow Flexion x 3 weeks then <10 lbs x 3 weeks

| | Week | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Phase I: Maximal Protection Passive Range of Motion (PROM)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **13** | **17** | **21** | **25** |
| **DATE** | | | | | | | | | | | | | | |
| Cervical ROM Exercises | ● | ● | | | | | | | | | | | | |
| Elbow/Hand/Wrist ROM | ● | ● | | | | | | | | | | | | |
| Ball Squeeze | ● | ● | | | | | | | | | | | | |
| Ankle Pumps | ● | ● | | | | | | | | | | | | |
| Scapular Retraction/Depression | ● | ● | ● | ● | ● | ● | | | | | | | | |
| Pendulums | ● | ● | ● | ● | ● | ● | | | | | | | | |
| Aquatherapy for AAROM | | | | ● | ● | ● | | | | | | | | |
| **Passive ROM** | | | | | | | | | | | | | | |
| External Rotation | 30° | 30° | 30° | 30° | ● | ● | ● | ● | ● | ● | Continue PROM until functional levels achieved | | | |
| Forward Elevation & Scaption | 150° | 150° | ● | ● | ● | ● | ● | ● | ● | ● | | | | |
| Abduction | 150° | 150° | ● | ● | ● | ● | ● | ● | ● | ● | | | | |
| Internal Rotation to Belt Line | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | |
| Internal Rotation | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| **Phase II: Minimal Protection Active Range of Motion (AROM)** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **13** | **17** | **21** | **25** |
| **Active Assist ROM** | | | | | | | | | | | | | | |
| Internal/External Rotation | | | 30° | 30° | ● | ● | | | | | | | | |
| Flexion/Abduction | | | ● | ● | ● | ● | | | | | | | | |
| **Isometrics-Light** | | | | | | | | | | | | | | |
| Internal/External Rotation | | | ● | ● | ● | ● | | | | | | | | |
| Flexion/Extension/Abduction | | | ● | ● | ● | ● | | | | | | | | |
| **Active ROM** | | | | | | | | | | | | | | |
| Bench Press Series | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| Modified Military Press | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| Sidelying External Rotation | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| Salutes | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| Full Can | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| Prone Row Progression | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| Prone ER@90° | | | | | | | | | ● | ● | | | | |
| Prone Ys | | | | | | ● | ● | ● | ● | ● | | | | |
| Prone Lift off | | | | | | | | | ● | ● | | | | |
| Open Chain Proprioception | | | | ● | ● | ● | ● | ● | ● | ● | | | | |
| **Low Load Prolonged Stretches** | | | | | | | | | | | | | | |
| Door Jam Series | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Towel Internal Rotation | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● |
| Cross Arm Stretch | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Sleeper Stretch | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| TV Watching Stretch | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● |
| 90/90 External Rotation Stretch | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● |
| **Activities of Daily Living** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **13** | **17** | **21** | **25** |
| Eating/Drinking | Use Uninvolved Arm Only | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Dressing | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Washing/Showering | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Computer with supported arm | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Driving | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Lifting up to 10 lbs. | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Overhead Activity | | | | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Lifting greater than 10 lbs. | | | | | | | ● | ● | ● | ● | ● | ● | ● | ● |

The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehab is based on clinical criteria and time frames as appropriate It is important that each phase of rehab is mastered prior to initiating the next phase to insure proper healing of repaired tissues.

| | Week | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Phase III: Initial Resistance Strengthening & Proprioception** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **13** | **17** | **21** | **25** |
| External Rotation | | | | | | | • | • | • | • | • | • | • | • |
| Internal Rotation | | | | | | | • | • | • | • | • | • | • | • |
| Double Arm External Rotation | | | | | | | • | • | • | • | • | • | • | • |
| Full Can | | | | | | | • | • | • | • | • | • | • | • |
| Forward Punch w/plus | | | | | | | • | • | • | • | • | • | • | • |
| Rows | | | | | | | • | • | • | • | • | • | • | • |
| Bicep Curl | | | | | | | • | • | • | • | • | • | • | • |
| Triceps Extension | | | | | | | • | • | • | • | • | • | • | • |
| Lat Pulldown | | | | | | | • | • | • | • | • | • | • | • |
| Initial Closed Chain Stability | | | | | | | | | | • | • | • | • | • |
| **Phase IV: Advanced Resistance Strengthening & Proprioception** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **13** | **17** | **21** | **25** |
| Bear Hugs | | | | | | | | | • | • | • | • | • | • |
| External Rotation at 45° | | | | | | | | | • | • | • | • | • | • |
| External Rotation at 90° | | | | | | | | | • | • | • | • | • | • |
| Rhythmic Stabilization/NM Control | | | | | | | | | • | • | • | • | • | • |
| Advanced Closed Chain Stability | | | | | | | | | | | • | • | • | • |
| **Phase IV: Return to Activity** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **13** | **17** | **21** | **25** |
| **CRITERIA FOR RETURN TO FULL ACTIVITY**<br>**FUNCTIONAL PAINFREE ACTIVE RANGE OF MOTION, MAXIMIZED STRENGTH, PROPER SCAPULOTHORACIC MECHANICS**<br>**PRECAUTIONS: NO LIFTING HEAVIER THAN 50 LBS, NO CONTACT SPORTS, ONLY LIGHT WEIGHT LIFTING** | | | | | | | | | | | | | | |
| Golf | | | | | | | | | | | | | | |
| Putt | | | • | • | • | • | • | • | • | • | • | • | • | • |
| Chip | | | | | | | | • | • | • | • | • | • | • |
| Irons | | | | | | | | | • | • | • | • | • | • |
| Drivers | | | | | | | | | | • | • | • | • | • |
| Play a Round | | | | | | | | | | | • | • | • | • |
| Hiking | | | | | | | | | • | • | • | • | • | • |
| Jogging | | | | | | | | | • | • | • | • | • | • |
| Skiing | | | | | | | | | • | • | • | • | • | • |
| Swimming | | | | | | | | | | | | | • | • |
| Tennis | | | | | | | | | | | | | • | • |

Therapist: