

Anatomic Total Shoulder Arthroplasty Rehabilitation Protocol

Colby Wollenman, M.D.

Patient: _____ **DOS:** _____

Surgeon Parameters

Delayed AROM: ☐
(osteoporotic bone / instability risk)

Other Precautions:

*Precautions above are patient-specific and supersede the general timeframes below. **The subscapularis repair is the rate-limiting factor: external rotation and functional internal rotation are advanced conservatively.** Therapist to use clinical judgment to individualize exercise selection and pace within each phase.*

Phase	Goals	Precautions	Treatment Focus
Phase 1 Weeks 0–6	Goals - Protect subscapularis repair; control pain/swelling - Gentle PROM within limits to prevent stiffness - Maintain elbow/wrist/hand mobility - Initiate scapular awareness	Precautions - Sling (abduction pillow) for 6 wks; off only for hygiene and PT exercises - No active shoulder ROM, lifting, or weight bearing (incl. pushing up from chair) - ER at side $\leq 20^\circ$ wks 0–4, $\leq 30^\circ$ wks 4–6; no ER in abduction - No resisted IR, hand-behind-back, or extension past neutral If Delayed AROM: therapist-directed gentle PROM only; no self-stretching beyond limits	Treatment Focus - Pendulums 3–5x/day - PROM elevation in scapular plane (to $\approx 120^\circ$) and ER to limits - AROM elbow/wrist/hand daily - Scapular retraction/depression setting - Ice/modalities PRN pain-swelling
► Advance to Phase 2 when: wound healed, pain controlled, PROM progressing within limits, surgeon clearance.			
Phase 2 Weeks 6–12	Goals - Discontinue sling - Restore PROM, then AROM equal to PROM - Restore scapulohumeral rhythm - Targets by 12 wks: $\approx 140^\circ$ elevation, $45\text{--}60^\circ$ ER at side, IR to lumbar spine	Precautions - AAROM at 6 wks, AROM at ≈ 8 wks; progress by response, not calendar - ER at side $\leq 45^\circ$ until 8 wks, then advance gradually toward 60° without overpressure; ER in abduction after 8 wks - No resisted IR/belly-press; lifting $\leq 1\text{--}2$ lbs - Gentle hand-behind-back only after ≈ 8 wks If Delayed AROM: AAROM only until 10 wks; defer ER in abduction and end-range stretching	Treatment Focus - AAROM → AROM (pulley, cane, wall slides); supine-to-upright elevation progression - Gentle PROM/stretching to the limits above - Submax deltoid and ER isometrics (no IR) - Scapular stabilization, 2–3x/wk
► Advance to Phase 3 when: AROM $\approx$ PROM with good mechanics (no shrug), pain-free daily activities.			
Phase 3 Weeks 12–24	Goals - Restore cuff, deltoid, and periscapular strength/endurance - Stretch all planes toward patient goals - Return to functional, work, and recreational activities	Precautions - Strengthening begins at 12 wks; light load, high reps; weights below shoulder level and in front of body - Light lifting only until cleared by physician - Avoid impact loading and heavy pressing (bench press, chopping, sledhammer)	Treatment Focus - Band/light dumbbell strengthening: cuff (incl. IR), deltoid, scapular stabilizers, 2–3 sets x 10–15 - Closed-chain progression (wall push-up → quadruped) - Stretching all planes as tolerated - Functional/recreational drills; light sport (e.g., golf chipping) at ≈ 4 months
► Full Release (typically 6 months / 24 wks): functional pain-free AROM, strength adequate for goals, no instability symptoms, cleared by physician. Full-effort sport (e.g., golf full swing) not before 6 months.			

Special Considerations

- Expect lower ROM targets after aTSA for inflammatory arthritis, post-traumatic arthritis, or dislocation arthropathy
- Strength may continue to improve for up to 2 years; lifelong avoidance of impact loading advised

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.