

This is a general rehabilitation protocol following a total shoulder replacement, or a reverse total shoulder replacement. Your individual treatment may vary depending on specific details of your surgery.

Post-Operative Day #1- 6 weeks

- ⤴ Sling at all times unless performing exercises.
- ⤴ Emphasis on passive shoulder range of motion exercises. **NO active range of motion.**
- ⤴ Dr. Norris will discuss specific limitations if your particular surgery requires it.
- ⤴ You will perform pendulum exercises for your shoulder. We also want you to do elbow, wrist, and hand exercises to prevent the development of stiffness in these other joints.
- ⤴ All of this will be discussed with you in detail by our hospital occupational therapist prior to your discharge from the hospital.
- ⤴ No physical therapy prescriptions will be given during this time.
- ⤴ **Goals:**
 - Passive forward flexion to at least 90 degrees.

6 Weeks – 3 Months Post-Operative

- ⤴ May discontinue use of the sling.
- ⤴ May start to use the operated arm for **LIGHT** below shoulder activity.
- ⤴ A prescription for physical therapy will be given at 6 weeks post-op.
- ⤴ We will continue with passive range of motion exercises for stretching.
- ⤴ We will start active assisted (pulleys) and active range of motion exercises at 6 weeks **WITHOUT** resistance (No Weights). Exercises will use the weight of your arm only as resistance.
- ⤴ **NO** forced stretching by a therapist **ESPECIALLY** forced external rotation.
- ⤴ **Goals:**
 - Forward flexion of at least 140 degrees.
 - Abduction of 100 degrees
 - External rotation with the arm at neutral of 30 degrees.





3 Months – 6 Months Post-Operative

- ⤴ We will start a program of light and progressive strengthening at 3 months post-op.
- ⤴ Strengthening may involve use of resistive bands or light weights with progression in resistance/weight as tolerated.
- ⤴ Stretching is still important!
- ⤴ At this point you may begin to use your arm for routine daily activities, even for activities over the level of the shoulder as long as it is easily tolerated.
- ⤴ Work for progressive improvement. Do not expect to make large improvements in a short period of time.
- ⤴ **Goals:**
 - Forward flexion of 170 degrees.
 - Abduction of greater than 100 degrees.
 - External rotation of 45 degrees.
 - Internal rotation to thoracolumbar junction
 - Progressive increase in strength.

6 Months – 1 Year

- ⤴ May need continued therapy if range of motion or strength is still lacking.
- ⤴ Many patients may be able to stop therapy at this point and continue to improve just from using the arm in a more normal fashion.
- ⤴ We anticipate that patients may continue to make improvements in motion for up to a year although the degree of improvement will not be the same as that gained early on in therapy. Strength may continue to improve to a more noticeable degree.
- ⤴ **Goals:**
 - Forward flexion of 170 degrees.
 - Abduction of greater than 120 degrees.
 - External rotation of at least 45 degrees.
 - Internal rotation at least to the thoracolumbar junction.
 - Progressive increase in strength.

We will see you in clinic at major transitions in physical therapy protocols (6 weeks, 3 months and possibly 6 months). If your motion is less than our expected goals, we may follow you more closely. If you are meeting or exceeding expectation, your follow up schedule may be less strict. We will advise you of your status as we follow you in clinic.