

**Total Shoulder Arthroplasty / Hemiarthroplasty Protocol**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Diagnosis \_\_\_\_\_ Surgery Date \_\_\_\_\_

Frequency: 1 2 3 4 5 times/week

Duration: 1 2 3 4 5 6 weeks

Side: R / L

Evaluate only  Provide home exercise program (HEP)

Evaluate and Treat

**PHASE 1:** Week 0-1:

- Patient to do Home Exercises given post-op (pendulums, elbow ROM, wrist ROM, grip strengthening)
- Sling for 6 weeks

**PHASE 2:** Weeks 1-6:

- Sling for 6 weeks
- PROM → AAROM
  - No active IR/backwards extension for 6 weeks to protect subscapularis
- ROM goals: Week 2: 120° forward elevation, 30° ER at side, abduction max 75° without rotation
- ROM goals: Week 3: 120° forward elevation, 40° ER at side, abduction max 75° without rotation
- ROM goals: Week 6: 140° forward elevation, 45° ER at side, abduction max 90° without rotation
- No resisted internal rotation/backward extension until 12 weeks post-op
- AAROM Elbow until week 4, then AROM from weeks 4 to 6
- Grip strengthening OK
- Canes/pulleys OK if advancing from PROM
- Heat before PT, Ice after PT

\_\_\_\_ Weeks 6-12:

- Begin AAROM → AROM for internal rotation and backwards extension as tolerated, if not already begun.
  - No resisted internal rotation/backwards extension until 12 weeks post-op
- Goals: Increase ROM as tolerated with gentle passive stretching at end ranges
- Begin light resisted ER, forward elevation, abduction isometrics and bands, concentric motions only
- No scapular retractions with bands yet

\_\_\_\_ Months 3-12:

- Begin resisted IR/Backwards Extension (isometrics/bands): isometrics → light bands → weights
- Advance strengthening as tolerated; 10 reps/1 set per exercise for rotator cuff, deltoid, and scapular stabilizers.
- Increase ROM to full with passive stretching at end ranges
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.

Comments:

Modalities: \_\_\_ Per therapist \_\_\_ Electrical Stimulation \_\_\_ Ultrasound \_\_\_ Heat before/after \_\_\_ Ice before/after

\_\_\_ Aquatherapy \_\_\_ Massage \_\_\_ Trigger points \_\_\_ ART (Active release techniques) Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_