Anatomic Total Shoulder Arthroplasty Rehabilitation

Saint Louis University SSM Health Physical Therapy Orthopedic Residency in Collaboration with Dr. Scott Kaar and Dr. Christopher Kim

These guidelines, treatments, and milestones have been established to assist in guiding rehabilitation based on the most current available evidence. They are not intended to be substitute for sound clinical judgement with consideration of the individual contextual features of the patient and the demands of various functions/sports.

Pre-Physical Therapy / Home Therapy Phase (Approximately Weeks 0 2)

Milestone to advance to next phase: MD appointment for follow-up

Sling or immobilizer at all times¹ except to exercise, and shower/bathe Home program: perform minimum of 3 times/day: AROM cervical spine, elbow, wrist, hand

Initiation of mobility Phase 1 (Approximately Weeks 2 6)

Milestone to advance to next phase: Passive ER to 30°

Passive FF in scapular plane to 130° Discontinue use of sling or immobilizer Minimal pain and inflammation

Suggested Interventions

Scar mobility, Diaphragmatic breathing, MLD of the UE for edema management²⁻³ PROM

Recommended precautions:

Limit passive ER to 30°, horizontal abduction and extension to neutral⁴⁻⁶

Limit passive FF to the scapular plane Limit passive IR to the scapular plane

Aerobic conditioning⁷ Scapular retraction⁸

Progression Toward Functional ROM Phase 2 (Approximately Weeks 6-10)

Milestone to advance to next phase: Passive FF to 150°

Passive ER to 60°

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Suggested Interventions:

Passive & Active assisted ROM¹⁰

Recommended precautions:

FF in scapular plane (wall slides⁸ wand exercises, pulleys)¹¹ ER (gentle beyond 30° to respect subscapularis healing)

FF AROM in supine

Manually resisted scapular side-lying stabilization exercises¹² Initiate PNF patterning supported such as wall slides¹³

Isometrics:

Deltoid in neutral

ER (modified neutral) ROM < 30°

IR (modified neutral)

Aerobic conditioning including UBE⁷

Optimizing Functional Range of Motion/Early Strengthening Phase 3 (Approximately Weeks 10-16)

Milestone to advance to next phase: Axioscapular muscle strength grades 4/5 MMT

Optimal scapulohumeral rhythm to 90\$ E/E 2atib 04 Tf1 0 0 1 439.54 473.35

Minimal pain and inflammation with application of the

soreness rules¹⁴ for intensity of exercise

Suggested Interventions

Progress ROM as tolerated¹¹

Uniplanar flexibility exercises into extension and internal rotation

PNF patterning

Recommended precaution: in supine or supported until week 12¹⁵

Isotonic strengthening:

Emphasis on axioscapular muscles (scapular rows¹⁶)

Continued attention to humeral head control and scapulohumeral rhythm with as load

progresses

Return to Full Function Phase 4 (Approximately Weeks 16 to Discharge)

Milestone to discharge: Optimal

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For questions regarding

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