



# TOTAL SHOULDER ARTHROPLASTY POST-OP PROTOCOL

*Ken Teter, MD*  
*Tallgrass Orthopedics & Sports Medicine*  
*TALLGRASSORTHOPEDICS.COM*

**Patient Name:**  
**Date of Surgery:**

The following protocol is to be used as a guide. The therapist will also use clinical experience and judgment to help guide the patient through recovery, consulting the referring physician when necessary.

## **WEEKS 1-2**

ROM Limits: FF-120, Ext Rot-20, Abduction-75, Int Rot-Abdomen

Progress PROM as tolerated

Initiated joint mobilization as tolerated

Continue with discharge HEP

    Pendulum exercises

    Shoulder shrugs

    Active ROM about the elbow/forearm/wrist/hand

Modalities to decrease pain and swelling

Initiate AAROM shoulder flexion and abduction with pulleys

Shoulder Isometrics (NO internal rotation resistance for 10 weeks)

### ***Patient Instructions:***

    No lifting more than cup, phone or magazine

    While in bed, place pillow or blanket under elbow reduce  
    shoulder extension

    Keep incision dry and clean

    No quick, sudden moves.

## **WEEK 3-4**

ROM Limits: FF-140, Ext Rot-30, Abduction-90, Int Rot-buttock  
Wean from sling  
Initiate table slides and UBE (forward/reverse)  
Continue with modalities to reduce pain and swelling  
Initiate isometric scapular proprioceptive exercises  
Initiate light biceps/triceps strengthening

### **WEEKS 6-8**

Progress ROM as tolerated (Limit Ext Rot-45 degrees)  
Progress with UBE  
Continue with pulley exercises  
Initiate resistance for internal rotation isometrics  
Progress resistive exercise: wall push-up plus, Body Blade....

### **WEEKS 8+**

Progress to full ROM in all planes (equal to contralateral side)  
Initiate Theraband IR/ER  
Progressive resistive exercise  
Limit lifting to 5 lbs with outstretched arm  
No sudden lifting or pushing activities.

### **WEEK 12+**

Advanced strengthening phase

*\*All strengthening exercise progress may be delayed if patient required rotator cuff repair at time of TSA*