

## Kevin B. Freedman, M.D.

Sports Medicine 825 Old Lancaster Rd, Suite 200 Bryn Mawr, PA 19010-3470 Phone: (800) 321-9999 Fax: (267) 479-1321

## TOTAL SHOULDER REPLACEMENT REHABILITATION PROTOCOL

RANGE OF

## IMMOBILIZER TH

## THERAPEUTIC EXERCISE\*

| PHASE I<br>0 - 6 weeks               | Passive to active range<br>as tolerated*<br>ROM Goals:<br>Week 1: 90 °forward<br>flexion, 20 °external<br>rotation at side, 75 °max<br>abduction without rotation<br>Week 2: 120 °forward<br>flexion, 40 °external rotation<br>at side, 75 °max abduction<br>without rotation | Sling with abduction pillow<br>for comfort | Grip strengthening, pulleys/canes,<br>elbow/wrist/hand active ROM - NO<br>resisted internal rotation or extension<br>to protect subscapularis   |
|--------------------------------------|---|--|---|
| PHASE II<br>6 - 12 weeks             | Increase range of motion<br>as tolerated, begin active<br>assistive/active internal<br>rotation and extension as<br>tolerated   | None                                       | Begin light resisted external<br>rotation, forward flexion, and<br>abduction - concentric motions<br>only, <b>NO</b> resisted internal rotation,<br>extension, or scapular retraction |
| PHASE III<br>12 weeks -<br>12 months | Progress to full motion without discomfort  | None                                       | Begin resisted internal rotation and<br>extension exercises, advance<br>strength training as tolerated,<br>begin eccentric motions and<br>closed chain activities                     |

\*NO active internal rotation or extension for 6 weeks post-operative