



TOTAL SHOULDER ARTHROPLASTY REHABILITATION GUIDELINES

Dr. Ed Tingstad

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PHASE 1: Weeks 0 – 6

Goals	<input type="checkbox"/> ROM 0-90 degrees <input type="checkbox"/> Active quadriceps muscle contraction <input type="checkbox"/> Safe and independent ambulation <input type="checkbox"/> Control swelling, inflammation, and bleeding	
Restrictions	NO active internal rotation NO behind the back Week 1 <input type="checkbox"/> 120 degrees of forward elevation <input type="checkbox"/> 20 degrees of external rotation <input type="checkbox"/> 75 degrees of abduction with 0 degrees of rotation Week 2 <input type="checkbox"/> 140 degrees of forward elevation <input type="checkbox"/> 40 degrees of external rotation <input type="checkbox"/> 75 degrees of abduction with 0 degrees of rotation	
Immobilization	<input type="checkbox"/> Sling for 7-10 days	
Pain Control	<input type="checkbox"/> Narcotics for 7-10 days following surgery <input type="checkbox"/> NSAIDs for patients with persistent discomfort (Tylenol preferred)	
Exercises	ROM	<input type="checkbox"/> 140 degrees of forward elevation <input type="checkbox"/> 40 degrees of external rotation <input type="checkbox"/> 75 degrees of abduction <input type="checkbox"/> Full elbow ROM with pronation and supination as tolerated
	MUSCLE ACTIVATION	<input type="checkbox"/> Grip strength only <input type="checkbox"/> Pendulum swings <input type="checkbox"/> Capsular stretching by using opposite arm to assist
Criteria for Progression	<input type="checkbox"/> Minimal pain and tenderness <input type="checkbox"/> Nearly complete motion <input type="checkbox"/> Intact subscapularis without evidence of tendon pain on resisted internal rotation	



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PHASE 2: Weeks 6 – 12

Goals	<input type="checkbox"/> Increase ROM	
Restrictions	<input type="checkbox"/> 160 degrees of forward elevation <input type="checkbox"/> 60 degrees of external rotation <input type="checkbox"/> 90 degrees of abduction with 40 degrees of rotation	
Pain Control	<input type="checkbox"/> NSAIDs for patients with persistent discomfort (Tylenol preferred)	
Exercises	ROM	<input type="checkbox"/> 160 degrees of forward elevation <input type="checkbox"/> 60 degrees of external rotation <input type="checkbox"/> 90 degrees of abduction <input type="checkbox"/> Focus on passive stretching at end ranges to maintain flexibility <input type="checkbox"/> Utilize joint mobilization techniques for capsular restrictions
	MUSCLE ACTIVATION	<input type="checkbox"/> Rotator cuff strengthening: only three times per week to avoid rotator cuff tendonitis <input type="checkbox"/> Begin with closed chain isometric strengthening <input type="checkbox"/> Continue with closed chain isometric strengthening and progress to open chain with bands <input type="checkbox"/> Exercises performed with the elbow flexed to 90 and the shoulder in neutral position. Progression to the next band occurs usually in 2-3 week intervals. <input type="checkbox"/> Progress to light isotonic dumbbell exercises <input type="checkbox"/> Strengthening of scapular stabilizers: retraction, protraction, depression, shrugs *For all: internal rotation, external rotation, abduction, and forward elevation
Criteria for Progression	<input type="checkbox"/> Full painless ROM <input type="checkbox"/> Satisfactory physical examination	



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PHASE 3: Months 3 -12		
Goals	<ul style="list-style-type: none"> <input type="checkbox"/> Improve shoulder strength, power, and endurance <input type="checkbox"/> Improve neuromuscular control and shoulder proprioception <input type="checkbox"/> Prepare for gradual return to functional activities <input type="checkbox"/> Home maintenance exercises program: strengthening 3 x week 	
Exercises	ROM	<ul style="list-style-type: none"> <input type="checkbox"/> Achieve motion equal to contralateral side
	STRENGTHENING	<ul style="list-style-type: none"> <input type="checkbox"/> Begin internal rotation and extension strengthening <input type="checkbox"/> First closed chain isometric strengthening and advance to theraband and lightweight isotonic strengthening <input type="checkbox"/> Scapular stabilizers <input type="checkbox"/> Deltoid strengthening <input type="checkbox"/> Plyometric exercises
Maximum Improvement and Warning Signs	<ul style="list-style-type: none"> <input type="checkbox"/> Maximum improvement by 12-18 months <input type="checkbox"/> Warning signs: loss of motion or continued pain 	