

## JOSEPH D. LAMPLOT, M.D. ORTHOPAEDIC SURGERY & SPORTS MEDICINE

(847) 866-7846 | SPORTSMEDICINE@NORTHSHORE.ORG

21481 N. RAND RD, KILDEER, IL 60047 1535 ELLINWOOD AVE, DES PLAINES, IL 60016

## **Anatomic Total Shoulder Arthroplasty Postoperative Protocol**

Date of Surgery:\_\_\_\_

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-6 PT 1-2x/week HEP daily	Edema and pain control Protect subscapularis repair and biceps tenodesis Week 1: FF 100°, ER 0° Week 2: FF 120°, ER 0° Week 6: FF 150°, ER 20°	Sling when not doing exercises Limit ER to neutral x2 weeks No ER >20° (weeks 2-6) No active IR No backward extension (BE) No scapular retractions Limit abduction 75° No resisted elbow flexion	Elbow, wrist, hand ROM Codman/Pendulum out of sling Passive supine forward flexion Scapular mobility and stability (side-lying) Deltoid isometrics Posture training
Weeks 6-12 PT 1-2x/week HEP daily	Protect subscapularis repair FF 160°, ER 45°	DC sling No resisted IR/BE No resisted scapular retractions Avoid painful ADL's	Advance P/AA/AROM Cane/pulley Rhythmic stabilization at 120° Begin AA→AROM IR/BE Submaximal isometrics ER/FF/ABD Closed chain kinetic exercises Scapular stabilization
Weeks 12-16 PT 1-2x/week HEP daily	FF 160°, ER 60°, IR T12 Scapulohumeral rhythm UE strength 4/5	Avoid painful ADL's Avoid activities that encourage scapula hiking or poor mechanics Limit strengthening to 3x/week to avoid rotator cuff tendinitis	Progress ROM/flexibility exercises Advance strengthening as tolerated Rhythmic humeral head stabilization Begin resisted IR/BE (isometrics→light bands→weights) Increase end ROM with passive stretch Begin eccentrics, plyometrics, and closed chain exercises when appropriate
Weeks 16+ HEP daily	Maximal ROM Independent HEP	None	Progress strengthening, flexibility, and endurance





