

TOTAL SHOULDER ARTHROPLASTY CLINICAL PRACTICE GUIDELINE

Joint Specific Outcome Measure

At the beginning of postoperative care, the patient and therapist will complete the Simple Shoulder Test and the American Shoulder and Elbow Surgeon's Shoulder Evaluation Short Form during the first outpatient visit (*see Appendix 1 and 2*). These assessments will be repeated every 30 days and at discharge from physical therapy, along with routine reevaluations to monitor progress.



Range of motion (ROM) after surgery is expected to be similar to preoperative ROM.

General Guidelines

- **Contact:** Dr. Sujan Gogu's clinic

Rehabilitation Precautions

- **Sling Use:** 6 weeks
- **Restricted Movements:** Avoid internal rotation, cross-body adduction, or extension for 12 weeks
- **Movement Guidelines:**
 - ✓ Perform forward elevation only in the SCAPTION plane
 - ✓ Avoid stretching into pain
 - ✓ Be cautious with end range motion
 - ✓ Do not force into end ranges

- **Weight-bearing restrictions:**

Do not support body weight with the involved hand (e.g., pushing up from a chair) for 12 weeks

- **Driving:** Avoid for 6 weeks
- **Jogging:** Can continue at 12 weeks post-operation
- **Long-term Restriction:**
 - ✓ No push ups and bench press

- ✓ Do not lift more than 15 lbs below shoulder height and 10 lbs above shoulder height
- ✓ **Additional Precautions:**

Consult the surgeon's office if posterior instability precautions are noted on the referral or operative report

Phase I: Post-operative to 2 Weeks

Continue home program including wrist/hand exercises, pendulums, and shoulder blade squeezes.

Phase II: Weeks 2-4

Time Frame	Category
ROM	<ul style="list-style-type: none"> Begin passive range of motion (PROM) in scaption and external rotation only. Avoid shoulder IR, adduction, and cross-body movements.
Strengthening	Progress active distal extremity exercises to strengthening as appropriate.
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Tolerates PROM program 2. Achieves at least 90° PROM flexion 3. Achieves at least 90° PROM abduction 4. Achieves at least 45° PROM external rotation in the plane of the scapula.

Phase III: Weeks 4-6

Rehabilitation Precautions	<ul style="list-style-type: none"> Place a small pillow or towel behind the elbow when in supine position to avoid shoulder hyperextension/anterior capsule stretch. Avoid repetitive shoulder AROM exercises/activity against gravity in standing if shoulder mechanics are poor. No heavy lifting (nothing heavier than a coffee cup). Do not support body weight with the involved side.
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	<ul style="list-style-type: none"> • Avoid sudden jerking motions.
ROM	<ul style="list-style-type: none"> • Continue with PROM and active assisted range of motion (AAROM). • Begin AAROM pulleys in scaption at week 4 if patient has more than 90° of PROM. • Gentle glenohumeral and scapulothoracic joint mobilizations as indicated. • Continue cryotherapy for pain and inflammation. • Avoid shoulder IR, adduction, and cross-body movements.
Strength	<ul style="list-style-type: none"> • Begin submaximal pain-free shoulder isometrics in neutral, except IR. • Progress distal extremity exercises with light resistance as appropriate. • Initiate glenohumeral and scapulothoracic rhythmic stabilization.
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Tolerates PROM/AAROM and isometric program. 2. Achieves at least 140° PROM flexion. 3. Achieves at least 120° PROM abduction. 4. Achieves at least 60° PROM external rotation in the plane of the scapula. 5. Actively elevates shoulder against gravity with good mechanics to 100°.

Phase IV: Weeks 6-8

Rehabilitation Precautions	<ul style="list-style-type: none"> • No heavy lifting (nothing heavier than a coffee cup). • Avoid sudden lifting or pushing activities. • Avoid sudden jerking motions.
ROM	<ul style="list-style-type: none"> • Begin AROM exercises/activities as appropriate, using a

	<p>reclined position.</p> <ul style="list-style-type: none"> • Advance PROM to stretching as appropriate, ensuring minimal pain. • Avoid shoulder IR, adduction, and cross-body movements.
Strength	<ul style="list-style-type: none"> • Begin light functional activities. • Completely wean from the sling. • Continue isometric exercises. • Perform scapular rows, extensions, and sidelying or light band external rotation exercises.
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Gradual restoration of shoulder strength, power, and endurance. 2. Optimize neuromuscular control. 3. Gradual return to functional activities with the involved upper extremity.

Phase V: Weeks 8-10	
ROM	<ul style="list-style-type: none"> • Progress AROM as tolerated. • Continue AAROM as necessary. • Minimize shoulder substitution patterns. • Avoid shoulder IR, adduction, and cross-body movements.
Strength	<ul style="list-style-type: none"> • Resisted flexion, abduction, and extension using Therabands. • Continue progressing ER strength.
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Tolerates AAROM/AROM/strengthening. 2. Achieves at least 120° AROM flexion. 3. Achieves at least 100° AROM abduction. 4. Achieves at least 50° AROM ER in the plane of the scapula supine.

Note: If the above ROM goals are not met, progress the patient when ROM outcomes align with expectations for their underlying pathology.

Phase VI: Weeks 10-12

<p>Precautions</p>	<ul style="list-style-type: none"> • Avoid exercises and functional activities that stress the anterior capsule and surrounding structures (e.g., no combined ER and abduction above 80°). • Long-term contraindications include bench press and push-ups. • Avoid aggressive IR behind the back.
<p>ROM</p>	<ul style="list-style-type: none"> • Maintain nonpainful AROM. • Continue to avoid shoulder IR, adduction, and cross-body movements.
<p>Strength</p>	<ul style="list-style-type: none"> • May initiate IR strengthening at the 12-week postoperative mark. • Continue to progress AROM scaption and abduction as tolerated. • Gradually advance the strengthening program to improve muscular strength, power, and endurance. • Gradual return to more advanced functional activities. • Progress weight-bearing exercises as appropriate. • Typically, the patient will be on a home exercise program by this point, to be performed 3 to 4 times per week. • Return to recreational hobbies, gardening, sports, golf, and doubles tennis.
<p>Criteria for Discharge from Physical Therapy</p>	<ol style="list-style-type: none"> 1. Ability to maintain nonpainful AROM. 2. Maximized functional use of the upper extremity. 3. Maximized muscular strength, power, and endurance. 4. Return to advanced functional activities

Appendix 1: Simple Shoulder Test

Please indicate Yes or No for the following questions:

1. Is your shoulder comfortable when your arm is resting by your side? Yes / No
2. Can you sleep comfortably with your shoulder? Yes / No
3. Can you reach the small of your back to tuck in your shirt with your hand?
Yes / No
4. Can you place your hand behind your head with your elbow out to the side?
Yes / No
5. Can you place a coin on a shoulder-level shelf without bending your elbow?
Yes / No
6. Can you lift 1 lb (a full pint container) to shoulder level without bending your elbow? Yes / No
7. Can you lift 8 lb (a full gallon container) to head level without bending your elbow? Yes / No
8. Can you carry 20 lb (a bag of potatoes) at your side with the affected arm? Yes / No
9. Do you believe you can underhand toss a softball 10 yards with the affected arm? Yes / No
10. Do you believe you can overhand throw a softball 20 yards with the affected arm? Yes / No
11. Can you wash the back of your opposite shoulder with the affected arm? Yes / No
12. Can your shoulder allow you to work full-time at your regular job? Yes / No

Appendix 2: American Shoulder and Elbow Surgeons Standardized Assessment Form

Pain Assessment:

How severe is your pain today? (mark along the line)

No Pain

Worst Pain

Functional Assessment:

Rate your ability to perform the following activities

(0 = Unable, 1 = Very difficult, 2 = Somewhat difficult, 3 = Not difficult)

Activity	Right Arm	Left Arm
1. Put on a coat	0 1 2 3	0 1 2 3
2. Sleep on the painful side	0 1 2 3	0 1 2 3
3. Wash back or fasten bra	0 1 2 3	0 1 2 3
4. Manage toileting	0 1 2 3	0 1 2 3
5. Comb hair	0 1 2 3	0 1 2 3
6. Reach a high shelf	0 1 2 3	0 1 2 3
7. Lift 10 pounds above shoulder level	0 1 2 3	0 1 2 3
8. Throw a ball overhand	0 1 2 3	0 1 2 3
9. Perform usual work (specify) _____	0 1 2 3	0 1 2 3
10. Perform usual sport (specify) _____	0 1 2 3	0 1 2 3