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Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Total Shoulder Replacement (Anatomic)

Anatomic total shoulder arthroplasty — subscapularis repair protection

The subscapularis tendon is taken down and repaired to perform the replacement; protecting this repair drives the early restrictions, particularly limiting external rotation and active internal-rotation loading. Passive motion begins early to prevent stiffness.

General Precautions

- Sling for 3–4 weeks.
- Limit passive external rotation to 30° for 6 weeks (protect the subscapularis repair).
- No active internal rotation against resistance and no shoulder extension behind the body for 6 weeks.
- No lifting, pushing, or weight bearing through the arm for 6 weeks; avoid reaching behind the back.

Phase I — Protected Passive Motion Weeks 0-6

Goals

- Protect the subscapularis repair
- Control pain
- Restore passive motion

Precautions / Restrictions

- Passive ER limited to 30°
- No active IR loading, no extension past neutral
- No weight bearing through arm

Exercises & Interventions

- Pendulums
- Passive forward flexion to ~120°
- Passive ER to 30° at the side
- Elbow/wrist/hand active motion
- Sub-maximal deltoid isometrics (avoid IR)
- Cryotherapy

Criteria to Advance

- Six weeks of protected healing
- Passive flexion ~120°, ER to 30°

Phase II — Active Motion Weeks 6-12

Goals

- Wean sling
- Restore active motion
- Begin gentle strengthening

Precautions / Restrictions

- Progress ER beyond 30° gradually

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- Light resistance only

Exercises & Interventions

- Active-assisted → active range of motion in all planes
- Progress ER/IR to full as tolerated
- Begin sub-maximal rotator cuff and scapular isometrics/isotonics

Criteria to Advance

- Functional active motion
- Good scapulohumeral rhythm

Phase III — Strengthening Weeks 12–16

Goals

- Restore functional strength

Exercises & Interventions

- Progressive light resistive cuff/deltoid/scapular strengthening
- Functional reaching tasks
- Endurance work

Criteria to Advance

- Independent with daily activities
- Strength improving symmetrically

Phase IV — Functional Return Months 4–6

Goals

- Return to low-demand recreation and daily function

Exercises & Interventions

- Continue strengthening
- Low-impact sport (golf, swimming, doubles tennis) as cleared

Criteria to Advance

- Functional painless motion

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.