



JAGLOWSKI  
ORTHOPEDIC  
INSTITUTE

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## Total Shoulder Replacement Rehabilitation Protocol

Dr. Jeffrey R. Jaglowski  
jagsortho.com

**\*\* The following instructions represent general guidelines. Your personal instructions may be slightly different and will be conveyed to you by Dr. Jaglowski if this is the case. Post-operative instructions, physical therapy protocols, and useful information regarding your post-op care may be found electronically at [www.jagsortho.com](http://www.jagsortho.com).\*\***

### Abbreviations

- ROM - range of motion
- PROM - passive ROM
- AAROM - active assist ROM
- AROM - active ROM
- ABD - abduction
- ADD - adduction
- ER - external rotation (PER – passive external rotation)
- IR - internal rotation
- FE- forward elevation (AFE – active forward elevation)

### General Guidelines

- Maintain surgical motion early, but don't push it.
- Protect the subscapularis repair: No internal rotation resistance until at least 4 ½ months for patients with tenotomy.
- For patients with Lesser Tuberosity (LT) osteotomy, internal rotation strengthening may progress as tolerated after 3-month post op checkup with x-ray to confirm lesser tuberosity healing.
- Strengthen the surrounding musculature-this can start anytime.
- Alternate between pool and land therapy.
- Minimize heavy, excessive cyclic loads for the first 6 months.
- No pulleys in first 6 weeks.
- No resistance until 4 ½ months, except for periscapular muscles.
- This is a gradual progression, not a stepped progression.

## **Phase I**

### **Weeks 0-3**

#### **Sling**

- All times except- Exercise, Dressing, Eating, Showering

#### **ROM/Exercise**

- PROM performed by Physical Therapist (not to exceed surgical ROM)
- FLEX and ER to neutral (minimize reps 5-10)
- Therapist ROM should not be excessively painful.
- Encourage patient PROM
- Pendulums and Codman's exercises
- Towel slides or equivalent
- Pool for PROM, once incision healed
- General conditioning (stationary bike, treadmill, etc.)
- Maintain hand strength
- Maintain normal motion at the elbow and wrist
- Do not use arm to push up out of chair/bed

### **Weeks 3-6**

#### **Sling**

- Wean
- Wear at night and when out of house

#### **ROM/Exercise**

- Supine AAROM (not to exceed surgical motion)
- FLEX, ABD, ADD, IR with towel, start ER at 6 weeks (minimize reps 5-10)
- Pool for PROM and AAROM (water is assistance)
- Use combined motions and teach fluidity of movement
- 10 reps with combined movement in pool
- Light scapular strengthening (i.e. scapular setting, gentle MR scapular protraction and retraction)
- Gentle joint mobilization and soft tissue mobilization to restore normal scapular mobility
- Nerve glides as necessary
- Do not use arm to push up out of chair/bed

## **Phase II**

### **Weeks 6-12**

#### **Sling**

- Discontinue sling

#### **ROM/Exercise**

- Continue with PROM
- Increase AAROM on land - Progress from SUPINE to SEATED, then to STANDING position

- At 6 weeks begin AROM on land, against gravity (straight planes only, no combined motions)
- Pool – continue AAROM and AROM
- Can begin pulley work but NOT BEFORE
- Progress to some light closed-chain proprioceptive exercises (wall washing)
- Arm bike with no resistance
- Gentle joint mobilization to restore normal accessory glide motion in shoulder girdle if necessary

### **Phase III**

#### **Weeks 12-18**

##### **Sling**

- None

##### **ROM/Exercise**

- Begin AROM with combined motions at 12 weeks (on land, against gravity)
- Begin light strengthening – lats, rhomboids, biceps, triceps, pecs, deltoids
- Pool – continue and use floats and paddles for light resistive work in water
- Increase scapular strengthening with Theraband and light weights
- Add more advanced proprioceptive exercises, specific for work, ADLs, sport