



PRIMARY / REVISION TOTAL SHOULDER ARTHROPLASTY (TSA) Physical Therapy Protocol

Patient Name: _____ Date of Surgery: _____

Procedure: Right / Left Total Shoulder Arthroplasty

_____ Evaluate and Treat _____ Provide patient with home exercise program

Frequency: _____ x/week x _____ weeks

_____ **Phase I (0 - 6 Weeks):** *Period of protection: In general, sling should be worn at all times during this phase (except for hygiene and PT). No resisted internal rotation (IR) or backward extension to protect the subscapularis tendon. Passive ER should also be performed gently to protect the repair.*

Weeks 0-1: No formal PT.

- Sling at all times (except for hygiene and pendulums).
- Home exercises only (pendulums, elbow + wrist ROM, grip strengthening).

Weeks 1-6: Begin formal PT. .

- Sling at all times (except for hygiene and PT).
- **ROM:** PROM → AAROM → AROM as tolerated except for IR/backwards extension (to protect subscap repair). Canes and pulleys OK if advancing from passive ROM.
 - Goal ROM by week 1: 90° flex, 20° ER at side, ABD max 75° without rotation.
 - Goal ROM by week 2: 120° flex, 40° ER at side; ABD max 75° without rotation.
- **Strengthening:** Grip strengthening and isometric, below shoulder-level periscapular strengthening OK, *but avoid any resisted IR/backward extension until 3 months post-op.*

_____ **Phase II (6 - 12 Weeks):** *Transition to active IR and more advanced strengthening of the remaining rotator cuff.*

- D/C sling if cleared by MD.
- **ROM:** Light passive stretching at end ranges. Begin AAROM → AROM for internal rotation and backwards extension as tolerated.
 - Goals: full motion by 12 weeks.
- **Strengthening:**
 - Begin light resisted ER/FF/ABD: isometrics and bands, concentric motions only. *Still no resisted IR/backward extension until 3 months post-op.*

_____ **Phase III (3-12 Months):** *Begin light strengthening in IR/backward extension, slowly progressing as tolerated to catch up with remaining rotator cuff.*

- **ROM:** Aggressive passive stretching at end ranges in all planes. Advance to full active ROM as tolerated.
- **Strengthening/Activities:** May begin and progress light resisted (isometrics/bands) for IR/backwards extension. For all other strengthening, begin and progress the following:
 - @ 3 months
 - Advance as tolerated from isometrics → bands → light weights (1-5l bs) w/8-12 reps x 2-3 sets for cuff, deltoid, scapular stabilizers (*Only do this 3x/week to avoid cuff tendonitis*).
 - Begin eccentrically resisted motions, plyometrics (*weighted ball toss*), proprioception (*body blade*).
 - @ 4.5 months, begin sports-specific/job-specific rehab and advanced conditioning.

By signing this referral, I certify that I have examined this patient and physical therapy is medically necessary.
This patient _____ would _____ would not benefit from social services.

Physician Name: _____ Date: _____