		Dr. Stephanie	Muh Protoco)I	
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		Total Shoulde	r Arthroplast	у	
Sling Use	 Sling for 4 weeks, then comfort only (completely sling free by 6 weeks). May come out of sling at home for shower, changing clothes, physical therapy, eating, etc. Must wear sling in public and at night sleeping May do activities with elbow at waist "read your paper, drink your coffee" While supine, small towel behind elbow to prevent shoulder hyperextension NO LIFTING objects heavier than coffee cup NO PUSHING self out of chair. No Shoulder extension. 				
POD 1 (in hospital)	 Passive forward flexion in supine to tolerance Gentle passive ER in scapular plane to 15 degrees or tolerated. Passive IR to abdomen Daily active FROM elbow, wrist, hand Pendulums Frequent cryotherapy for pain, swelling, inflammation Patient education regarding proper positioning & Joint protection, sling use No lifting beyond coffee cup No pushing out of bed or sitting position with operative arm or supporting weight on operative side or motion behind back 				
POD 2-10	Daily active FROM elbow, wrist, hand				
	Pendu	lums if tolerated			
Phase I: (Passive)	Weeks 1-2	 Pendulums to warm-u "read your paper, drin coffee" Gradual passive ROM NO driving until off all NO soaking until wour (2 weeks) NO sudden movement Begin sub-maximal, passhoulder isometrics in Begin scapula muscular isometrics Pulleys (flexion and ab – as long as greater the degrees PROM Gradually progress to 	k your narcotics ad healed ts hin-free neutral hture oduction) an 90	 Maintain integrity of joint Decrease pain and inflammation Criteria for progression to the next obase Tolerate PROM At least 90 degrees PROM FF At least 90 degrees PROM Abduction At least 45 degrees PROM ER in plane of scapula (or Dr order's) At least 50 degrees PROM IR in plane of scapula Able to isometrically activate all shoulder, RC, and upper back 	
Phase II: (active/assis tive)	Week 3- 6	 Pendulums to warm-u Active assistive ROM v passive stretch to pres limits 	vith •	Gradually restore full Passive ROM	

		 Passive stretch to FULL ROM (push to FULL ROM with hold and relax technique) Scapular mobilization/strengthening Supine-seated FF, ER, IR – gradually increase to full Isometrics for Rotator cuff and periscapular muscles Begin assisted horizontal adduction No lifting, pushing, pulling greater than cup of coffee 	 Re-establish dynamic shoulder stability Criteria for progression Tolerate P/AAROM, isometric program At least 140 PROM FF, 120 PROM Abd, 60+ PROM ER, PROM IR in plane of scapula 50 Able to elevate shoulder against gravity 100 degrees with good mechanics 		
Phase III: (resisted)	Week 7- 12	 Pendulums to warm-up & phase 2 exercises Continue with phase II until Full ROM in FF, ER, IR, Abd Standing forward punch Rows Bicep curls Periscapular strengthening No heavy lifting, pushing, pulling (nothing greater than 5 lbs) Week 10-12: may slowly initiate theraband for FF, Abd, ER Gradual progression IR behind back from AAROM to AROM (pay particular attention to avoid stress on anterior capsule) 	 Goals Gradual restoration strength, power, endurance Optimize neuromuscular control Gradual return to functional activities Criteria for progression Tolerates AA/AROM Achieved AROM FF 140 supine Achieved AROM Abd 120 supine Achieved AROM ER 60+ in plan of scapula supine Achieved AROM IR 70 in plane of scapula supine Able to actively elevate shoulder against gravity with good mechanics to 120 		
Phase IV (strengtheni ng)	12 wks & beyond	 Home exercises Gradual progression in strengthening program 	 Goals Maintain full non-painful AROM Maximize use of UE Maximize strength, power, endurance 		
4-6 months	4-6 months Return to recreational hobbies (golf, tennis, gardening, etc)				