Rehabilitation Protocol: Total Shoulder Replacement



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Date: _____

Name:	Date:
Diagnosis:	Date of Surgery:
 Range of Motion – PROM → AAROM → AROM as tole Rotation/Backwards Extension For 6 Weeks (Pro Week 1 Goal: 90° Forward Flexion, 20° Exte 	=
 Phase II (Weeks 6-12) Discontinue sling if still being worn Range of Motion -AAROM/AROM - increase as toler Begin Active Internal Rotation and Backward Therapeutic Exercise Begin light resisted exercises for Forward Fleand bands - Concentric Motions Only No Resisted Internal Rotation, Backward Modalities per PT discretion 	d Extension as tolerated exion, External Rotation and Abduction – isometrics
 Phase III (Months 3-12) Range of Motion – Progress to full AROM without distributed. Therapeutic Exercise Begin resisted Internal Rotation and Backwa Advance strengthening as tolerated – Rotato Begin eccentric motions, plyometrics and clo Modalities per PT discretion 	ard Extension exercises r Cuff, Deltoid and Scapular Stabilizers
Comments:	
Frequency: times per week	

Signature: