

Date: _____

Rehabilitation Protocol: Total Shoulder Replacement

Name:	Date:	
Diagnosis	sis: Date of Surgery:	
Phase One - - - -	 One (0-2 weeks) Wound protection, subscapularis tendon repair protection of utmost importance Stay in sling at all times unless doing home exercises NO external rotation past neutral, active internal rotation or scapular retraction/b extension Only permitted exercises as follows (out of sling, if tolerated): Light pendulum exercises Wall walks and table walks 	ackward arm
Phase Two	 Formal physical therapy will begin after your two-week visit No strengthening exercises 	ization de to 20 degrees
Phase Thr	resisted scapular retraction as well) - ER past 20 degrees now permitted	
Phase Fou - - -	Four (3 months – one year) - Can begin resistance exercises in all ROM (Rotator cuff, scapular stabilizers, deltoi - Eccentrics, plyometrics, closed chain exercises - Modalities per PT	d)
Comment	ents:	
Frequenc	ency: times per week Duration: weeks	

Signature: