EDWARDS ORTHOPEDICS
Advanced Orthopedic Surgery, Close to Home.
Dr. Chad Edwards, Orthopedic Surgeon

2120 Idaho St | Elko, NV 89801
(775) 235-8566 | Fax 775-360-3602
OrthoElko.com

POST-OPERATIVE REHABILITATION PROTOCOL

Anatomic Total Shoulder Arthroplasty / Hemiarthroplasty

Subscapularis and anterior-capsule protection with staged motion and strengthening

PATIENT	SURGERY DATE	SIDE / PROCEDURE NOTES
_____	_____	_____

HOW TO USE THIS PROTOCOL Time frames are guides, not deadlines. Progress only when the phase criteria are met and the knee/arm is not reacting with increased pain or swelling. Dr. Edwards' written instructions always take priority.

SCOPE Fracture, cuff repair, revision, or subscapularis technique may change the plan. Respect the external-rotation limit documented in the operative note.

STOP AND CALL: fever/chills, increasing redness or drainage, uncontrolled pain, new or worsening numbness/weakness, calf pain/swelling, chest pain, or shortness of breath. Call 911 for an emergency.

KEY RESTRICTIONS AT A GLANCE

TIME	PROTECTION / WEIGHT BEARING	MOTION / LOADING
0-4 weeks	Sling continuously	Passive shoulder motion; no active shoulder use
4-6 weeks	Wean sling gradually	Begin assisted/active motion and submaximal isometrics
6-12 weeks	Coffee-cup to light-load limit	Restore active motion and begin low-load strength
3-6+ months	Gradual functional return	Avoid excessive anterior-capsule stress and heavy repetitive loading

PHASE-BY-PHASE PLAN

Phase 1 | Soft-tissue protection (0-4 weeks)

- **Priorities:** Protect the arthroplasty/subscapularis; control pain; maintain elbow/wrist/hand ROM; gradually increase PROM.
- **Protection:** No shoulder AROM, lifting, body-weight support, sudden motion, extension past neutral, or internal rotation behind the back. Wear the sling continuously.

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- **Protection:** When supine, support the elbow so it remains visible and does not fall behind the body.
- **Therapy focus:** Passive forward elevation/scaption to tolerance, passive external rotation only to the operative limit (often about 30 degrees), passive internal rotation to chest, pendulums, distal AROM, and scapular sets.

Phase 2 | Active motion (4-6 weeks)

- **Priorities:** Restore assisted then active motion while healing continues.
- **Protection:** No lifting heavier than a coffee cup, no body-weight support, and no forceful external rotation or behind-back motion.
- **Therapy focus:** PROM/AAROM, pulleys after adequate passive elevation, active flexion/scaption/rotation in pain-free range, submaximal isometrics in neutral, scapular strength, and rhythmic stabilization.

Phase 3 | Moderate strength (6-12 weeks)

- **Priorities:** Restore functional active motion and dynamic shoulder stability.
- **Protection:** No heavy lifting, sudden pushing/pulling, or aggressive anterior-capsule stretching.
- **Therapy focus:** Progress AROM, light band ER/IR in scapular plane, rows/serratus, supine-to-upright elevation, and light functional activity.
- **Therapy focus:** Advance only with good mechanics and without pain or inflammatory response.

Phase 4 | Advanced function (12 weeks-6+ months)

- **Priorities:** Maintain pain-free ROM; improve strength/endurance and return to appropriate recreation.
- **Protection:** Avoid combined high abduction/external rotation and heavy repetitive overhead lifting unless specifically cleared.
- **Therapy focus:** Progress low-weight/high-repetition shoulder and scapular strength, closed-chain stability, gardening/golf/doubles tennis, and task-specific work.
- **Therapy focus:** Return requires functional pain-free ROM, good mechanics, and surgeon clearance.

GENERAL PROGRESSION RULE A mild exercise ache that resolves is acceptable. Back down and contact the care team if pain is sharp, swelling increases, motion is lost, gait/mechanics worsen, or symptoms remain elevated the next day.