

Anatomic TSA, Hemi

PHYSICAL THERAPY PROTOCOL

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General:

- Cryotherapy to be emphasized.
- Showering at 72 hrs
- Desk work when comfortable with elbow supported/sling
- HEP weeks 1-2
 - Pendulum
 - Elbow/Wrist/Hand ROM
 - Scapula exercises
- AAROM: table slides
- Formal PT to begin 2-3 wks post op.
- Driving
 - No commercial driving until 6 weeks
 - Private, capable patient, no use surgical arm, no longer on pain medication

	Week	1	2	3	4	5	6	7	8	9	10	11	12
P R O M	Flexion	As tolerated,full by week 6-8											
	Abd/Ext	As tolerated, full by week 6-8											
	IR/ER	In scaption, LIMIT: ER to < 30 deg, IR to belt line									full by week 8-10		
AAROM				Table slides		As tolerated, Pulleys/Wand				Wall ball			
A R O M	Flexion/ Abd/IR/ER/ Ext	NONE						AROM as tolerated, No PRE		Progressive resistive exercises, begin with low resistance			
Sling		Wear day & night + Abduction pillow				Plain sling, daytime		Discontinue use of sling					

Strengthening and Conditioning		
Phase1: Weeks 0-6	Phase 2: Weeks 6-12	Phase 3: Weeks 12+
Elbow/Wrist/Hand: • AROM as tolerated Shoulder: • Small pendulum exercises • Isolated scapular strengthening Fitness: Stationary bike/walk 4 weeks • Submaximal isometrics with elbow flexed for flexion, abduction, extension, internal rotation and external rotation.	• Self PROM with physioball on table • Fitness: More active jog/elliptical/bike • Isotonic external rotation • Prone/sidelying exercises • Light biceps/triceps • Rhythmic stabilization • Progressive resistive exercises (PREs) • Daily stretching until full symmetric ROM.	• Phase II exercises plus begin: • Plyometric exercises • Return to full functional activity • Resisted exercise: Deltoid, RC, Peri scap, Lat, Trap 12 weeks • Acceleration-bridge program with MD approval 4-6 months • Return to sport with MD approval