



## Anatomic Total Shoulder Replacement Rehabilitation Protocol



An anatomic total shoulder replacement involves replacing the damaged ball and socket of the shoulder joint with artificial components designed to mimic the natural anatomy. This procedure is typically performed to relieve pain and improve function in patients with severe shoulder arthritis, complex fractures, or other joint disorders.

### See Also

[Shoulder arthritis](#)

[Total shoulder replacement](#)

[Reverse total shoulder rehab](#)

### Rehabilitation Goals

- Protect the surgical repair
- Minimize pain and swelling
- Restore passive and active range of motion
- Regain strength and function
- Return to daily activities safely



## Expected Recovery Time

Milestone	Timeframe
Sling use (night only)	0-4 weeks
Full passive range of motion	8-12 weeks
Begin strengthening exercises	10-12 weeks
Return to most daily activities	3-4 months
Return to recreational sports	6-12 months
Full recovery	12 months

## Sling Instructions

- The sling is very important to use all day and night while any local anaesthetic wears off in the first 48-72 hours after surgery.
- After that point if you are comfortable you are encouraged **not** to wear a sling during the day to allow movement to begin
- Take note of the **external rotation** instructions below which must be followed when coming out of the sling
- Use the sling during sleep for the first 4 weeks in case of any abnormal movements
- If you can sleep and rest with a pillow placed behind your elbow to push it forward this is a safer position for dislocation risk than letting it fall back (rearward)
- For the first 4 weeks use the sling when travelling outdoors to let others know you have a sore shoulder
- Do not lift anything heavy (no more than 500g; e.g. a cup of tea or a can of soft drink) with or without the sling for the first 6 weeks
- Please note these instructions only apply to an **Anatomic Total Shoulder Replacement**
- For sling instructions following an *Reverse Total Shoulder Replacement* see [here](#)



## External Rotation

- The subscapularis tendon is a rotator cuff muscle at the front of the shoulder joint that is detached and then repaired back to allow surgery to occur
- Healing the tendon is critical for a successful outcome in terms of shoulder strength, function and joint stability
- To avoid unnecessary tension on the repaired tendon the following is advised:
- 0-4 weeks: external rotation to 30 degrees only, stopping if painful
- 4-6 weeks: up to 45 degrees, stopping if painful
- 6-12 weeks: up to 60-70 degrees
- Strengthening can begin from 8-10 weeks onwards but starts with isometric work
- Full healing takes approximately 3 months
- Recovery should be guided by a physiotherapist

## Phase 1: Early Post-op (0-2 weeks)

### *Goals*

- Protect surgical repair
- Control pain and swelling
- Begin gentle passive motion
- Prevent stiffness in nearby joints

### *Instructions*

- Apply ice to shoulder 15-20 minutes every 2 hours as needed for swelling.
- Keep surgical wound clean and dry.
- Do not lift objects or bear weight through the surgical arm.

### *Exercises*

- Hand, wrist, and elbow range of motion (e.g. fist making, wrist flexion/extension)
- Pendulum exercises (small circles)
- Passive shoulder forward elevation (with therapist or assistance)
- Passive external rotation (up to 30 degrees, stopping if painful)
- Scapular retraction and depression exercises



## Phase 2: Protected Passive Motion (2-6 weeks)

### *Goals*

- Maintain healing
- Gradually increase passive range of motion
- Continue to control pain and swelling

### *Instructions*

- Avoid reaching behind the back or heavy lifting
- Ice as needed

### *Exercises*

- Continue Phase 1 exercises
- Passive and assisted forward elevation and external rotation
- Begin gentle isometric exercises (without resistance): deltoid, biceps, triceps
- Scapular stabilization exercises

## Phase 3: Active Motion (6-12 weeks)

### *Goals*

- Progress to active range of motion
- Improve shoulder mobility
- Begin light functional use of arm

### *Instructions*

- Avoid lifting objects heavier than 1-2 kg
- No forceful stretching or aggressive motion

### *Exercises*

- Active-assisted range of motion progressing to active motion in all planes
- Continued scapular stabilization
- Begin light closed-chain exercises (table slides, wall walks)
- Continue isometric strengthening



## Phase 4: Strengthening (12-24 weeks)

### *Goals*

- Build strength and endurance
- Improve functional activities
- Normalize shoulder mechanics

### *Instructions*

- Gradual return to normal daily activities
- Avoid heavy or overhead lifting until cleared

### *Exercises*

- Progressive resistance training with elastic bands or light weights
- Scapular and rotator cuff strengthening
- Proprioception and coordination drills
- Functional movement exercises

## Phase 5: Advanced Strengthening and Return to Activity (6-12 months)

### *Goals*

- Restore full strength
- Safely return to recreational and sports activities
- Maintain shoulder health

### *Instructions*

- Progress activities as tolerated under guidance
- Avoid high-impact activities unless cleared by surgeon

### *Exercises*

- Advanced strengthening routines
- Sport- or occupation-specific drills
- Maintenance flexibility program
- Continue proprioceptive training



## When to Contact Your Surgeon

- Fever above 38°C
- Redness, drainage, or swelling around the incision
- Persistent or increasing pain unrelieved by medication
- Numbness, tingling, or weakness in the arm or hand
- Unusual clicking or instability in the shoulder
- Any concerns regarding wound healing or function

## Disclaimer

This is a general guideline. Your physiotherapist or Dr Lambers may adjust the protocol based on your specific condition and progress.