DR. KAISEN YAO, MD

ORTHOPEDIC SPORTS MEDICINE SURGEON

Post-Operative Physical Therapy Protocol

Total Shoulder Replacement (Anatomic)

Northwell Health • Department of Orthopedic Surgery & Sports Medicine • Dr. Kaisen Yao, MD

Patient Name	Date of Surgery	Prescribing Surgeon
		Dr. Kaisen Yao, MD

General Guidelines & Precautions

- Use the sling or immobilizer as prescribed, typically for 4–6 weeks, including while sleeping.
- Protect the subscapularis repair by avoiding active internal/external rotation against resistance and extremes of external rotation or extension in the early phase.
- Progress shoulder motion gradually from passive to active-assisted to active, and then to strengthening, based on tissue healing, pain, and surgeon-specific restrictions.
- Contact the surgeon for fever, excessive drainage, increasing redness, uncontrolled pain, new numbness or tingling, or sudden loss of motion.

PHASE I

Immediate Post-Op Protection

TIMEFRAME

WEEKS 0–6

Goals:
Protect the subscapularis repair and implant, control pain and swelling, maintain elbow/wrist/hand mobility, and begin protected passive shoulder motion within ordered limits.

Precautions:
No active shoulder range of motion, no lifting, no active internal or external rotation, and avoid excessive external rotation or extension that stresses the subscapularis repair.

Interventions:
Cryotherapy, grip strengthening, elbow/wrist range of motion, pendulums if permitted, scapular setting, postural work, and gentle shoulder passive/active-assisted motion only within surgeon-ordered limits.

Criteria to Progress:
Pain is controlled, the repair is healing well, and the patient tolerates early protected motion.

PHASE II

Protected Motion & Early Activation

TIMEFRAME

WEEKS 6–10

Goals:
Progress passive motion, begin active-assisted and then active motion as cleared, restore basic neuromuscular control, and wean from the sling when approved.

Interventions:
Continue passive motion; add cane or pulley active-assisted motion, table slides, wall-assisted flexion, scapular control drills, and gentle submaximal isometrics in safe positions once permitted.

Restrictions:
Avoid forceful stretching, sudden jerking motions, heavy lifting, and resisted internal/external rotation until cleared.

Criteria to Progress:
Improving range of motion, good tolerance of active-assisted/active motion, and no increase in pain.

PHASE III

Active Motion & Progressive Strengthening

TIMEFRAME

WEEKS 10–16

Goals:
Restore active range of motion, improve dynamic shoulder stability, and initiate progressive rotator cuff, deltoid, and scapular strengthening without provoking pain.

Interventions:
Progress to full active range of motion, add resistance band or light weight exercises for the rotator cuff, deltoid, and periscapular musculature, and begin closed-chain stability drills as tolerated.

Functional Focus:
Emphasize posture, scapulohumeral rhythm, and pain-free use of the arm for activities of daily living.

Criteria to Progress:
Near-full range of motion, good scapular control, minimal pain, and appropriate tolerance of progressive strengthening.

PHASE IV

Advanced Strengthening & Return to Activity

TIMEFRAME

4–6+ MONTHS

Goals:
Build strength and endurance, normalize functional mechanics, and maximize independence with daily and recreational activities.

Interventions:

Advance resisted cuff and scapular strengthening, closed-chain loading, and task-specific drills; low-impact recreational activity as tolerated.

Return to Work/Sport:
Desk work may resume sooner, while heavy labor and high-demand or contact sports usually require surgeon clearance and are often permanently modified.

Discharge Criteria:
Functional range of motion, adequate shoulder strength and endurance, and independence with daily activities.

This protocol is a general guideline. Progression should be individualized by the treating physical therapist in coordination with Dr. Yao's office based on implant type, subscapularis management, and bone/soft-tissue quality.