

## **Dr. Larry “Chip” Bankston**

### **Total Shoulder Arthroplasty**

Total Shoulder Arthroplasty, TSA, is a surgical procedure replacing the humeral head with a metal prosthesis and the glenoid with a plastic component. Cement is used for fixation of the glenoid component. The primary goal of this procedure is to decrease pain and restore functional ROM and strength for independent ADL's. ROM limitations are directed by the surgeon and dependent on the rotator cuff muscle integrity

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#### **RECOMMENDATIONS:**

- Shoulder immobilizer/sling/swathe worn during the day for the first three weeks and at night for 4 weeks
- Ice 3-4 times per day for 10-15 minutes for the 1<sup>st</sup> week and then as needed for pain and swelling
- No driving until out of sling and per MD approval.
- Avoid ER past 30 or shoulder extension for 6 weeks

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#### **POST-OP PROTOCOL**

##### **0 – 2 Weeks:**

- Educate on correct sling positioning and proper posture
- AROM of hand/wrist/elbow
- PROM of shoulder (ROM limits per MD dictation; otherwise, 90 Forward elevation, 45 Abduction, 30 ER)
- Instruct family members in PROM techniques and have them perform a supervised demonstration
- Soft tissue massage after staples removed

##### **2 - 3 Weeks:**

- Pendulum exercises
- Assisted ER with wand in supine **within ROM limits**
- Assisted forward elevation with wand in supine progressing to standing
- Postural re-education with emphasis on shoulder posterior depression
- Begin submax isometrics in all planes except internal rotation
- Pulley for flexion/scaption
- UBE (no distraction)
- Progress ROM unless otherwise directed by MD

### **3 - 6 Weeks:**

- Wean from sling
- Begin AROM with emphasis on RTC strengthening to include standing forward elevation, side-lying ER, prone ext.; scapulothoracic strengthening as symptoms allow.
- Progress to PRE's as tolerated. Add theraband ER/IR
- Add closed chain exercises as appropriate
- Can Progress ER beyond 30 degrees at 6 weeks