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- Success of the TSA recovery is based on factors including bone and soft tissue quality, a comprehensive rehab program, patient compliance, and preoperative functional limitations and pain.
- Pain relief is more predictable than functional improvement after surgery

Phase I (weeks 0-4)

- The “conservative” phase includes edema control and sling education. Full time sling use
- Goals of PROM: 120 degrees of elevation, ER to neutral
- No use of the arm other than for exercises
- Pendulums
- PROM only of the shoulder
- Scapulothoracic mobilization
- Scapular retraction
- AROM of the elbow, wrist, and hand
- Progress to next phase once ROM limits of 120 degrees of elevation and neutral rotation achieved.

Phase II (weeks 4-10)

- Advance PROM FF goal to 160 degrees of motion. ER goal of 30 degrees
- Start AAROM: ER only to 30degreeswhile supine with a wand. FF to 120 degrees while supine using other hand to assist
- Wean and discontinue use of the sling by week 6.
- At week 6 patient can start using arm for LIGHT ADL's
- OK to start gentle, submaximal deltoid isometrics with short lever arm at week 4. OK for submaximal ER isometrics at week 4
- At week 6 can start gentle IR isometrics.
- Progress to next phase once pain is minimal, ROM is 150 degrees of elevation, 30 degrees of ER, good humeral head control, and doing well with a HEP.

Phase III (weeks 10-16)

- Continue to work toward goal of 160 degrees of FF. Increase ER to 45 degrees.
- OK to start more IR stretching
- Increase deltoid strengthening
- Work on restoring normal scapulohumeral rhythm to less than 90 degrees of elevation
- Ok to start progressive cuff strengthening at week 12

- Progress to next phase once there is normal scapulohumeral rhythm with elevation less than 90 degrees, minimal pain, FF to 160, ER to 45, IR to the L3 level, muscle strength at 4/5.

Beyond week 16: Progress and fine tune motion and strength.