

Rehabilitation Guidelines | Total Shoulder Replacement (Anatomic)

The recovery process

Rehabilitation after anatomic shoulder replacement is a gradual, structured process designed to restore movement and strength without damage to the replacement in the early stages. Your program will be directed by Dr. Dallalana based on the following outline and guided by your physiotherapist through to completion.

General guidelines

- Early movement focuses on gentle, restricted-range exercises
- Transition to more advanced movement is timed such that adequate internal healing has occurred
- Pain should guide activity early on; exercises should not cause sharp or worsening discomfort
- Desk work and simple home tasks are possible early in recovery

First 6 weeks

Sling

- A **sling** is needed for the first **6 weeks**.



Unless advised otherwise the sling is not needed when sedentary in the home, nor in bed at night.

Use the sling provided when walking out of the home, or within the home only when walking for any extended period e.g. around the garden.

The sling can be removed in this time period and **both hands** used freely to write, type, eat and assist with dressing and personal hygiene.

- The sling should be loose fitting, and no waist strap should be used
- The sling is used to protect from excessive movement and use, from sudden reflex movement and from other people. It is not there to support the weight of the arm as such.

Reducing pain and swelling – icing is helpful within the first 2 weeks

Pain levels are usually low by week 2, requiring simple analgesics, and the exercises become progressively easier.

Use of the arm

- Simple daily tasks including desk work
- Avoid lifting any heavy items or forceful pushing or pulling with the affected side
- Movements are restricted and forceful use discouraged in the first 6 weeks to protect the **subscapularis** muscle repair - this is a part of the rotator cuff group of muscles at the front of the shoulder. It is cut to allow access and then repaired with internal stitches at the end of the replacement procedure. Protection of this muscle repair is **important in the long-term success** of the anatomic shoulder replacement
- You cannot drive a vehicle in this time

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Exercises

- Begin movements in a restricted range directed by the physiotherapist who will see you during your hospital stay. Printed instructions are given to direct these. Do not move the shoulder beyond the range shown to you. Most often the ranges are:
 - Pendular movements
 - Forward flexion to 90 deg with arm in neutral rotation
 - External rotation to 20 degrees
 - Internal rotation to the side only
- Maintaining mobility in the elbow, wrist, and hand
- Scapular setting (posture) exercises
- Perform the exercises shown at least **3 times per day** at home, unless pain prevents this.
- Progression of active-assisted exercises (helping move your arm using your other arm or equipment such as a stick or pulley)

Your sling is discontinued after 6 weeks

6 to 12 weeks

Weeks 6–9: Expanding movement and light strength

This phase includes:

- **Formal physiotherapy beginning at 6 weeks** to guide exercise progression and support recovery
- **Increasing the range of motion in all directions**, including gradual external rotation (turning the arm outwards), as comfort allows. **There are no specific movement restrictions at this stage**
- **Beginning internal rotation behind the back**, which may feel slightly uncomfortable at first
- **Increasing active use of the arm during everyday activities**
- **Commencing light isometric strengthening exercises** for the shoulder muscles
- **Hydrotherapy from 6 weeks**, if desired and once the wound is fully healed
- **Returning to driving** when comfortable, no longer using the sling, and able to control the vehicle safely

Weeks 9–12: Building strength and control

Continue regular physiotherapy visits and 3 x daily exercises at home

- Improve shoulder strength – increase in muscle exercises usually with **resistance bands** (TheraBand)
- Continue stretching exercises to focus on regaining maximum range of motion in this phase
- Gradual return to functional daily activities and light work

Beyond 12 weeks

3 to 6 Months: Advanced recovery

- Strengthening continues – light weights at home or in a gym as preferred, directed by your physiotherapist
- Continue home-based movement range exercises, particularly continuing to reach high up behind the back, one of the last movements to return
- Return to higher-level activities at home and work

Peak range of motion and strength is obtained by 12 months, occasionally up to 2 years for some muscles. Formal physiotherapy can cease between 4 and 6 months after surgery depending on progress, however ongoing home exercising is useful to derive maximum benefit.

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Your rehabilitation journey

Recovery timelines can vary depending on your muscle strength, general health, and participation in physiotherapy and home exercises. Recovery is gradual and following your rehabilitation program is important to ensure the best outcome.

Further information about return to activity is found on the page relating to [anatomic shoulder replacement surgery](#).
