



Reverse Total Shoulder Arthroplasty Protocol

Dr. Jeffrey J. Mair, DO

PHASE 1 (WEEKS 0-6) JOINT PROTECTION

Immobilization:

- 1-2 weeks: Sling should be worn mainly for comfort and support if needed. Sling can also be removed for sleeping, hygiene, and exercises.
- 3 weeks: Discontinue sling. The use of the sling may be extended up to 6 weeks in some situations such as revisions, or if needed for patient comfort.

Precautions:

- No submersion of incision x2 weeks. May shower and get incision wet on post op day #2.
- No supporting body weight with involving shoulder until 4 weeks post op.
- Can use 1-2 lbs in hand with elbow at side.

Range of Motion:

- Goals: 130 degrees forward flexion, 30 degrees external rotation with elbow at side.

Therapeutic Exercise:

1-6 WEEKS

- PROM (ER/IR), Table slides, forward elevation, passive assisted external/internal rotation, abduction, elbow and wrist flexion/extension.
- AAROM (wand), gentle resisted exercise (elbow, wrist, hand), isometric deltoid activation. After 4 weeks begin gentle IR (to patients tolerance without over pressure).

Cardiovascular Fitness:

- Stationary Bike
- Walking

Progression to Phase II

- Patient tolerates shoulder PROM and ROM program for elbow, wrist, hand
- Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature in the scapular plane.

PHASE II (WEEKS 6-12) EARLY STRENGTHENING

Precautions:

- Avoid shoulder hyperextension
- In the presence of poor shoulder mechanics avoid repetitive AROM exercises/activity
- Restrict lifting of objects to no heavier than 3-5 lbs.
- Can support body weight with operative shoulder at 4-6 weeks.

Range of Motion:

6-12 WEEKS

- AAROM/AROM as appropriate. Forward flexion and elevation in scapular plane in supine with progression to sitting/standing. ER and IR in the scapular plane in supine with progression to sitting/standing.
- AROM supine forward flexion and elevation in the plane of the scapula with light weights of 1-2 lbs at varying degrees of trunk elevation.

Therapeutic Exercise:

6-12 WEEKS

- GH IR and ER submaximal pain-free isometrics. Initiate gentle scapulathoracic rhythmic stabilization and alternation isometrics in supine. Begin gentle periscapular and deltoid submaximal pain-free isotonic strengthening usually at the end of 8 weeks. Progress strengthening of elbow, wrist, hand. Patient can resume use of walker and start weightbearing on operative shoulder.
- Continue with above exercises and functional activity progression. Progress to gentle GH IR and ER isotonic strengthening exercises.

Cardiovascular Fitness:

- Stationary Bike
- Walking

Progression to Phase III

- Improving function of shoulder
- Patient demonstrates the ability to isotonically activated all components of the deltoid and periscapular musculature and is gaining strength.

PHASE III (WEEKS 12-16) MODERATE STRENGTHENING

Goals:

- Enhance functional use of operative shoulder and advance functional activities.
- Enhance shoulder mechanics, muscular strength, power, and endurance.

Precautions:

- No lifting objects heavier than 10-15 lbs waist to shoulder level.
- No sudden lifting or pushing activities.

Range of Motion:

- Continue with previous program as indicated.

Therapeutic Exercise:

- Progress to gentle resisted flexion, elevation in standing as appropriate.

Cardiovascular Fitness:

- PT/Patient discretion.

Progression to Phase IV:

- Patient demonstrates moderate functional return and minor to no difficulties with basic ADLs.

PHASE IV (MONTHS 4+) HOME EXERCISE PROGRAM**Goals:**

- Home exercise performed 3-4x week with focus on functional strength gains. Progress towards activities within limits of 12-25 lbs below shoulder level and 10 lbs above shoulder level. Patient can progress to functional activity as tolerated and goals of phase III are met.

Discharge from skilled therapy:

- Patient is able to maintain pain-free shoulder AROM, demonstrating proper shoulder mechanics (typically 90-130 degree of shoulder flexion/elevation and 30-45 degrees of external rotations).

Lifetime Precautions:

- Risk of fracturing acromion and spine of scapula with increased force due to high intensity activity or trauma from falling. Recommend stressing weight restriction up to 25 lbs below the shoulder level and 10 lbs above shoulder level.

Questions regarding the progress of specific patient are encouraged and should be directed to 952-442-8201 or to RehabProtocols@TCOmn.com.