



## REVERSE TOTAL SHOULDER – REHAB PROTOCOL

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*The purpose of this protocol is to provide a guideline for the postoperative rehabilitation course of a patient that has undergone a reverse total shoulder arthroplasty (rTSA). This protocol is not intended to be a substitute for one's clinical judgement regarding the progression of a patient's post-operative course based on their physical exam, progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.*

Please Note: The given time frames are approximate. Achieving the goals of each phase and patient response should guide the clinician and patient through this protocol.

**\*NO UPPER BODY ERGOMETER AT ANY TIME\***

### PHASE I: FIRST 4 WEEKS OF THERAPY (TYPICALLY BEGINS 2-4 WEEKS AFTER SURGERY)

- Sling use: Wear sling for 2-4 weeks. May discontinue use gradually between weeks 2 and 4 from date of surgery. Patients may remove sling while sitting and resting in chair with arm resting on pillow. For most patients, sling will be discontinued by the start of physical therapy.
- Passive Range of Motion: Gently increase PROM of shoulder
  - Forward flexion: Limit initially to 90 degrees
  - External rotation: Limit initially to 30 degrees external rotation in scapular plane- do not stress anterior joint capsule see (below)
  - Internal rotation: Gently and to tolerance
  - Pendulum exercises permitted
  - May progress PROM as motion / stiffness allows
  - Teach patient to perform with use of non-operative arm (FF90, ER30)
- Active Assisted Range of Motion (AAROM):
  - May begin once PROM adequate
  - Perform in the scapular plane: Forward flexion, elevation, and ER
- Precautions:
  - Protect against dislocation: Do not force motion; avoid distraction (lifting self out of chair, reaching out and pulling with force)

- May weight bear as tolerated. No repetitive lifting >5lbs
- Active range of motion (AROM) of elbow/wrist/hand permitted
  - May progress to active distal extremity exercises to strengthen as appropriate.
  - Avoid long arm motions (combined elbow extension and shoulder motions) · Frequent cryotherapy for symptom management
- Patient education for posture, positioning and joint protection strategies

**GOAL:** *Gradual PROM with minimal pain. AAROM and strengthening of distal extremity.*

## PHASE II: WEEKS 4-6 OF THERAPY

- Passive and Active Assisted Range of Motion (PROM and AAROM)
  - Advance as tolerated. May utilize pulleys as long as greater than 90 degrees of PROM has been achieved; may begin assisted horizontal adduction
- Active range of motion (AROM)
  - Perform in the scapular plane: Forward flexion, elevation, and ER

**GOAL:** *Gradual PROM, AAROM and AROM with minimal pain, strengthening of distal extremity*

## PHASE III: WEEKS 6-12 OF THERAPY

- Strengthening/Stabilization
  - Introduce scapular and deltoid sub-maximal pain-free isometric exercises
  - Progress distal extremity exercises as appropriate
  - Due to the potential of an acromion stress fracture, continuously monitor the exercise and activity progression of the deltoid. A sudden increase of deltoid activity during rehabilitation could lead to excessive acromion stress. A gradually progressed pain free program is essential.
- Begin light functional activities

**GOAL:** *Gradual progression of ROM, beginning phases of strengthening*

## PHASE IV: BEYOND 12 WEEKS OF THERAPY

- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities
- Return to hobbies, gardening, sports, golf, doubles tennis
- Criteria for discharge from skilled therapy:
  - Patient able to maintain non-painful AROM (full ROM not expected)
  - Maximized functional use of upper extremity in line with patient goals
  - Patient has returned to functional activities

**GOAL:** *Slow and gradual pain-free progression of ROM and strength in order to return to all normal ADLs, work, and recreational activities*

\*\*\*Expected Recovery Time is approximately 6-9 Months\*\*\*

NOTE: If you have any questions or concerns regarding any of the phases or advancements in this protocol, please do not hesitate to contact our office. Thank you for your continued care of this patient.