Reverse Total Shoulder Arthroplasty Protocol

Approved by: Dr. Rill, Dr. Muh

Physician may modify this protocol through written information on prescription or by submitting their own protocol to therapy with patient.

Dislocation precautions until week 4 then may **gradually** work on hand behind back range of motion (goal: sacrum/L4)

Red Flags: (contact physician):

- If patient is showing no progress in decreasing pain over the first several weeks, the physician should be notified
- If the patient describes sudden onset of pain after doing well, the physician should be notified

POD 1 (in hospital)

- Passive forward flexion in supine to tolerance
- Gentle passive ER in scapular plane to 15 degrees as tolerated
- Passive IR to abdomen
- Active ROM elbow, wrist, hand
- Pendulums
- Frequent cryotherapy for pain, swelling, inflammation
- Patient education regarding proper positioning & joint protection, sling use
- No lifting beyond coffee cup
- No pushing out of bed or sitting position with operative arm

Sling Use

- Sling for 1-2 weeks, then comfort only. May come out of sling at home immediately. Must wear sling in public and at night sleeping
- May do activities with elbow at waist "read your paper, drink your coffee"
- While supine, small towel behind elbow to prevent shoulder hyperextension

Phase I: (Passive) Weeks 1-2

Goals: Allow soft tissue to heal, maintain integrity of joint, decrease pain and inflammation.

- Pendulums to warm-up
- "read your paper, drink your coffee"
- May progress to active assisted motion as tolerated
- Full ROM elbow, wrist, hand
- Passive ROM (FF to 140 ^{o}, Abd 100 ^{o}, ER 40 ^{o} (scapular plane, IR abdomen)
- No lifting beyond coffee cup
- NO supporting weight on operative side
- NO driving until off all narcotics
- NO soaking until wound healed (2 weeks)
- NO sudden movements

Criteria for progression to the next phase

- Tolerates PROM
- At least 100 degrees PROM FF
- At least 90 degrees PROM Abduction
- At least 30 degrees PROM ER in plane of scapula
- At least IR to abdomen PROM

Phase II: (active/assistive) Week 3-6

Goals: Gradually restore full Passive ROM (FF 140°, ER 45°, Abd 100°, IR behind back), gradually restore Active motion, and re-establish dynamic shoulder stability

- Pendulums to warm-up/UBE
- Active assistive ROM with passive stretch to prescribed limits
- Supine Forward elevation progress as tolerated to full
- Supine External rotation gradually increase to full
- Internal rotation gradually increase to full
- Start isometric deltoid contractions, scapular strengthening, **No** IR/ER isometrics until wk 10
- **Dislocation precautions** until week 4 then may **gradually** work on hand behind back range of motion (goal: sacrum/L4)

Criteria for progression

- Tolerate P/AAROM, isometric program
- At least 140° PROM FF, 100° PROM Abd, 45° PROM ER, IR PROM to back L5)
- Able to elevate shoulder against gravity 100°

Phase III: (resisted) Week 6-12

Goals: Gradual restoration strength, power, endurance; optimize neuromuscular control; gradual return to functional activities

- Pendulums to warm-up & phase 2 exercises
- Scapular mobilization
- Internal rotation – gradually to full
- Deltoid strengthening
- Standing forward punch
- Rows
- Periscapular strengthening
- No heavy lifting (nothing greater than 5 lbs)
- Begin IR/ER strengthening isometric to isotonic at wk 10

Criteria for progression

- Tolerates AA/AROM
  Achieved AROM (FF 140°, ER 45°, Abd 100°, IR L5)

Phase IV: (strengthening) 12 wks& beyond

Goals: Maintain full non-painful AROM; maximize use of UE**;** maximize strength, power, and endurance

- Home exercises
- Gradual progression in strengthening program
- Weight bearing exercises (wall push ups, etc…)
- Gradually reduce lifting restrictions. Too avoid lifting heavy objects as able.

Phase V: 4-6 months

Return to recreational hobbies (golf, tennis, gardening, etc)