OrthoIllinois℠
REHABILITATION

Reverse Total Shoulder Arthroplasty

Delto-pectoral Interval Approach

*If surgery was performed by Dr. VanThiel, please see www.orthoillinois.com/find-a-provider/geoffrey-s-van-thiel-md/therapy-protocols for therapy protocol.

Precautions: Avoid IR, adduction, and extension (tucking in a shirt or performing bathroom/personal hygiene is particularly dangerous during post-op phase) – "always be able to see your elbow"

- For 12 weeks:
  - No IR or motion behind the back (IR/add/ext)
  - No extension beyond neutral

Phase I (1 – 5 days post-op)

- Modalities: prn for pain and inflammation
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM:
  - Pendulums 4 ways
  - AROM of forearm, wrist, and hand

Phase II (5 days – 4 weeks post-op)

- Wound care: Monitor site / scar management techniques
- Modalities: prn for pain and inflammation
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions
- ROM: Not initiated until post-op week 6

Phase III (4 weeks – 10 weeks post-op)

- Sling:
  - Until 4 weeks post-op, Ultrasling worn continuously, except in therapy or during exercise sessions
  - Until 6 weeks post-op, Sling must continue to be worn outdoors or in public settings
- ROM: At 6 weeks post-op, begin with PROM, progressing to AAROM, and then AROM
  - PROM:
    - Gradually progress flexion and scaption to 120 degrees, ER to 30-45 degrees.
    - Continue to follow dislocation precautions

- AAROM:
  - May begin and progress to AROM depending on stability and movement pattern quality for progression to AROM.
  - Begin flexion and scaption supine providing greater scapular stability, then progress to seated and standing position
  - IR, ER, and scapular retraction must be performed with UE in a protected position in the scapular plane where the patient is able to see their elbow at all times (avoiding adduction and extended position with IR)
- Strengthening:
  - Until 12 weeks, NO resisted IR
  - May begin gentle pain-free sub-max isometrics for the deltoid and periscapular musculature with the humerus in a protected position in scapular plane
  - Strengthening of elbow, wrist, and hand

Phase IV (10+ weeks post-op)

- ROM:
  - At 10 weeks,
    - Continue to progress as above
    - Until 12 weeks, follow dislocation precautions
  - At 12 weeks,
    - Gradually progress ROM as tolerated
- Strengthening: Do not begin until appropriate AAROM/AROM control is achieved
  - At 10 weeks,
    - Begin gradual light resistance for flexion, abduction, and ER
    - Until 12 weeks, No resistance for IR and extension
  - At 12 weeks,
    - May begin resisted IR and extension with isometrics gradually progressing resistance with light bands and weights
    - Advance strengthening as tolerated for rotator cuff, deltoid, and scapular stabilizers
    - May begin closed-chain exercises and eccentric strengthening
- Goals at 16 weeks:
  - Continue to progress with ultimate goal of 80-120 degrees of elevation and 30 degrees of ER
  - Functional level: Goal is for patient to be able to complete light household work within 10-15# lifting limit with bilateral UEs

Adapted From:

1) Romeo A. Reverse total shoulder (reverse ball and socket) protocol. Midwest Orthopedics at RUSH. Chicago, 2008.
2) Beacon Orthopedics & Sports Medicine protocol
3) Brigham and Women's Hospital protocol

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