

Reverse Total Shoulder Arthroplasty

General Principles:

1. This is a protocol for individuals with a reverse total arthroplasty
2. **Issue home pulley for early self flexion (Plane of scapula)**
3. Prosthesis is **NOT designed to improve ER!** Most pts will NEVER achieve full active ER (some patients will reach 0 deg of active ER)
4. Do not progress past 30 deg passive ER unless active ER reaches 30 deg
5. Return to normal function and motion may require 6 or more months
6. No Extension until 8 weeks post-op (Protect subscapularis)
7. Begin Active ER early up to ROM limits
8. Avoid stretching IR while in abduction (in later stages can allow IR behind back)
9. **No Joint Mobilizations** secondary to constrained prosthesis

Sling: Wear sling for 3 weeks including sleep (**three weeks from date of surgery the sling should be completely discontinued**)

Overall Goals:

1. Maintain joint stability during ROM and stretching exercises
2. Control pain and swelling (with exercise and modalities)
3. Maximize function by Improving strength and motion

I. Phase One – Immediate Motion Phase (Week 0 – 6)

Goals: Increase Passive ROM

Decrease shoulder pain

Retard muscular atrophy

1. **Patient can generally use arm to eat, read, wash face, brush teeth, etc. in front of body (anterior to plane of scapula) without pain; lift nothing heavier than coffee cup**
2. Begin hand, wrist, and elbow AROM/PROM **immediately**
3. PROM (**1-5 weeks from Date of Surgery**)
 - a. Shoulder Flexion 0 – 130°
 - b. Shoulder ER 0 – 15° (at 30° of ABD)
4. Pendulum exercises (**1-5 weeks from Date of Surgery**)
5. AAROM
 - a. Pulley for flexion *(immediately, but under guidance from therapist)
 - b. ER 0 to 15° (at 30° of ABD)
6. Cervical AROM
7. Grip and wrist strengthening
8. Scapular Stabilization
 - a. S/L scapular clocks
 - b. Seated scapular retractions
9. Submaximal Isometrics (**4 weeks from Date of Surgery**)
 - a. ER, Ext, Flex, and ABD
10. AROM (**3 weeks from Date of Surgery**)

- a. Supine Forward Flexion with cane (full available range)
- b. Flexion on slide board or table to tolerance
- c. Seated abduction (0° to 90°)
11. Modalities such as Cryotherapy or Electrical Stimulation as needed

II. Phase Two – Active Motion Phase (Week 6 – 12)

Goals: **ROM 130 degrees flexion and 30 degrees ER at 6 weeks post op**

Increase shoulder strength
 Increase ROM
 Decrease pain and inflammation
 Increase functional activities

1. Continue previous PROM and AAROM exercises
2. Pendulum exercises as needed
3. AAROM
 - a. Continue Pulley for flexion
 - b. Active Supine Forward Flexion (6 weeks from date of surgery)**
 - c. Cane exercises – (**supine and gatching position at 45 degrees**) shoulder Flex, ER to patient tolerance
4. AROM
 - a. Semi-recumbent flexion (**gatching at multiple levels per pt tolerance**)
 - b. Serratus punches
 - c. S/L ER
5. Theraband ER / IR (**6 to 8 weeks from Date of Surgery**)
6. Biceps and triceps strengthening (light dumbbells)
7. Scapulothoracic strengthening
 - a. Rhythmic stabilization
 - b. Scapular PNF – resisted
8. Aerobic conditioning (i.e. bike)
9. UBE no resistance (**week 8 from Date of Surgery**)

III. Phase III – Strengthening Phase (begins at 10 – 12 weeks from Date of Surgery)

Criteria for progressing to phase III: (SOME PATIENTS WILL NEVER ENTER THIS PHASE)

PROM: Flexion to about 130°, ER to about 40° (if active ER is available), IR to about 50°

1. Continue to progress all elements from phase II
2. Dumbbell strengthening: add weight to all AROM exercises
3. Wall push-ups
4. PNF D2 progress from isometric holds to manual resisted
5. Continue aerobic conditioning
6. Begin functional progression for activity specific tasks
7. Refer to physician regarding return to work/high levels of function