

REHABILITATION GUIDELINES FOR REVERSE TOTAL SHOULDER ARTHROPLASTY

PHASE I (0-6 WEEKS)

DATES:

Appointments	Physical therapy 2-3 x/week
Rehabilitation Goals	<ul style="list-style-type: none"> Promote soft tissue healing/maintain the integrity of the replaced joint Restore AROM of elbow, wrist, and hand
Precautions	<ul style="list-style-type: none"> Sling x 6 weeks: only to be removed for exercise and bathing No shoulder AROM No shoulder weight bearing No shoulder motion behind back (no combined ADD, IR, EXTN) x 12 weeks No glenohumeral extension beyond neutral x 12 weeks (elbow to be supported on pillow while supine)
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> <u>Days 1-4:</u> <ul style="list-style-type: none"> Supine PROM forward flexion/elevation in scapular plane to 90 deg PROM ER in scapular plane to available ROM (20-30 degrees) No IR ROM AROM of cervical spine, elbow, wrist, hand Periscapular sub-max/pain free isometrics <u>Days 15-21</u> <ul style="list-style-type: none"> Sub max pain free deltoid isometrics in scapular plane <u>Weeks 3-6:</u> <ul style="list-style-type: none"> Progress FF/elevation in scapular plane to 120 degrees ER in scapular plane to tolerance
Cardiovascular Exercises	<ul style="list-style-type: none"> Light walking if able to maintain balance
Progression Criteria	<ul style="list-style-type: none"> Tolerates PROM/isometrics/AROM elbow, wrist, hand Able to isometrically activate deltoid and periscapular muscles in the scapular plane

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PHASE II (6-12 WEEKS)

DATES:

Appointments	Continue physical therapy 2-3 x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Continue progression of PROM (full PROM is not expected) • Gradually restore AROM • Do not overstress healing tissue • Re-establish dynamic shoulder and scapular stability
Precautions	<ul style="list-style-type: none"> • Continue to avoid shoulder hyperextension • Monitor progression/activity of deltoid as sudden increase in activity could lead to acromion stress fracture • Avoid repetitive shoulder AROM if poor shoulder mechanics • No lifting heavier than a coffee cup • May start to feed, dress, wash, light ADLs with involved arm • No upper extremity weight bearing with involved side
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • <u>Weeks 6-8:</u> <ul style="list-style-type: none"> - At 6 weeks start PROM IR in scapular plane (not to exceed 50 degrees) - AA/AROM forward flexion and elevation in scapular plane in supine progressing to sitting and standing - AA/AROM ER/IR in scapular plane in supine progressing to sitting and standing - Gentle scapulothoracic rhythmic stabilization • <u>Weeks 9-12:</u> <ul style="list-style-type: none"> - Gentle IR/ER sub-max isometrics - Gentle periscapular/deltoid sub max isotonic strengthening - Supine AROM flexion and elevation in scapular plane with lightweights progressing to semi-reclined, sitting, standing - Gentle IR/ER in side-lying with light weight or bands
Cardiovascular Exercises	<ul style="list-style-type: none"> • Light walking • Recumbent stationary bike with no upper extremity weight bearing of involved side
Progression Criteria	<ul style="list-style-type: none"> • Improving function of the shoulder • Able to activate all components of the deltoid and periscapular musculature

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PHASE III (12-16 WEEKS)

DATES:

Appointments	Continue physical therapy 1-2 x/week
Rehabilitation Goals	<ul style="list-style-type: none"> • Enhance functional use and activities of operative upper extremity • Enhance shoulder mechanics, muscular strength, endurance
Precautions	<ul style="list-style-type: none"> • No lifting > 6 lbs • No sudden lifting or pushing
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Continue with above exercises • Progress to gentle resisted flexion, elevation in standing
Cardiovascular Exercises	<ul style="list-style-type: none"> • Walking • Stationary bike • Gentle arm bike
Progression Criteria	<ul style="list-style-type: none"> • Continued improving function of the shoulder and ADLs

PHASE IV (16 WEEKS +)

DATES:

Appointments	Continue physical therapy 1 x/week or discharged to HEP
Rehabilitation Goals	<ul style="list-style-type: none"> • Patient can usually be on a HEP at this stage with emphasis on continued strength gains and progression towards functional and recreational activities
Precautions	<ul style="list-style-type: none"> • Be cautious with lifting heavier weight
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • Scaption, 3D shoulder punches, Thera band rows, extensions, and diagonals, gentle UE weight bearing exercises

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(Phase IV continued) Cardiovascular Exercises	<ul style="list-style-type: none">• Arm bike, stationary bike, walking, light jogging
Progression Criteria	<ul style="list-style-type: none">• Criteria for discharge from skilled PT:<ul style="list-style-type: none">- pain free shoulder AROM 80-120 degrees of elevation with good mechanics and ER of 30 degrees- able to complete light household and work duties

References: Brigham and Women's Hospital Reverse Total Shoulder Arthroplasty Protocol, Brian Cole Reverse shoulder replacement rehab protocol

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