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WOODSON REVERSE TOTAL SHOULDER REHAB PROTOCOL

General Info:

This is a list of general guidelines for a reverse total shoulder rehab program. These guidelines may change based on fixation, condition of repaired tissue, variations in surgical procedures, age, and patient's response to treatment. Please call our office if there are any questions.

There is a higher risk of shoulder dislocation following a reverse total shoulder than a conventional total shoulder. Avoidance of shoulder extension past neutral and the combination of shoulder adduction and internal rotation should be avoided for 12 weeks post-operatively.

Post-Op Phase I

- Goals:
 - Soft tissue healing while maintaining integrity of the replaced joint
 - Passive range of motion (PROM) is gradually increased in the shoulder
 - Restore active range of motion (AROM) of the elbow/wrist/hand is restored
 - Pain and inflammation is reduced
 - Activities of daily living are modified in order for patient to perform them independently
 - Cryotherapy
- Precautions:
 - Sling should be worn 3-4 weeks post-op and only removed for exercise and bathing. The use of a sling often may be extended for a total of 6 weeks, especially if the current reverse total shoulder procedure is a revision surgery.
 - A small pillow should be placed behind the distal humerus/elbow when lying supine to avoid shoulder extension. The patient should always be able to visualize their elbow while lying down
 - No shoulder AROM
 - No lifting of objects with operative extremity
 - No supporting of body weight on the involved side
 - Keep incision clean and dry (no immersing for 2 weeks)
 - No driving until off all narcotic pain meds
- Post-Op Day 1-4 (in-patient):
 - Begin PROM in supine after resolution of interscalene block
 - Forward flexion and elevation in the scapular plane in supine to 90°
 - External rotation in scapular plane to available ROM; usually 20-30°.
 - No internal rotation range of motion
 - Active AROM of cervical spine, elbow, wrist, and hand exercises
 - Begin peri-scapular sub-maximal pain-free isometrics in the scapular plane
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- Cryotherapy for first 72 post-operative hours for pain, swelling, and management of inflammation. Then, frequent application (4-5x/day for about 20 minutes)
- Ensure patient is independent in bed mobility, transfers and ambulation
- Ensure proper sling fit, alignment, and use
- Patient education regarding positioning, posture, and joint protection techniques
- Provide patient with written home exercise and protocol information
- Post-Op Days 5-3 weeks (discharged):
 - Continue above exercises (typically 2-3x/day)
 - Begin sub-maximal, pain-free deltoid isometrics in the scapular plane (avoid shoulder extension when isolating posterior deltoid)
 - Cryotherapy for pain, swelling, and management of inflammation
- Post-Op 3 weeks-6 weeks:
 - Continue above exercise
 - Continue to progress PROM as motion allows
 - Forward flexion and elevation in the scapular plane in supine to 120°
 - External rotation in scapular plane to tolerance, respecting soft tissue constraints
 - Gentle, resisted exercises of elbow, wrist, and hand
 - Cryotherapy for pain, swelling, and management of inflammation
- Progression to Phase II:
 - Tolerates PROM program and isometrics
 - Tolerates AROM-minimally resistive program for elbow, wrist, and hand
 - Patient demonstrates the ability to isometrically activate all components of the deltoid and peri-scapular musculature in the scapular plane

Post-Op Phase 1I

- Goals:
 - Continue PROM progression to gradually restore full PROM
 - Gradually restore AROM
 - Control pain and inflammation
 - Allow for healing of soft tissue
 - No overstressing of the healing tissue
 - Re-establish dynamic shoulder and scapular stability
- Precautions:
 - Due to the potential of an acromion stress fracture, one needs to monitor the progression of the deltoid. A sudden increase of deltoid activity could lead to excessive acromion stress. A gradually, progressed pain-free program is essential.
 - Avoid shoulder hyperextension
 - In the presence of poor shoulder mechanics, avoid repetitive shoulder AROM activity
 - No lifting of objects heavier than a coffee cup
 - No supporting of body weight on the involved side

- Post-Op Week 6-8:
 - Continue with PROM program
 - At post-op week 6, start PROM internal rotation to tolerance (not to exceed 50°) in the scapular plane
 - Begin shoulder assisted AROM
 - Forward flexion and elevation in the scapular plane in supine with progression to sitting/standing
 - External and internal rotation in the scapular plane in supine with progression to sitting/standing
 - Initiate gentle scapula-thoracic rhythmic stabilization and alternating isometrics in supine as appropriate. Minimize deltoid recruitment during all activities.
 - Progress strengthening of elbow, wrist and hand.
 - Gentle gleno-humeral and scapula-thoracic joint mobilizations as indicated (Grade I and II)
 - Patient may use operative limb for feeding and light activities of daily living
 - Cryotherapy for pain, swelling, and management of inflammation
- Post-Op Weeks 9-12:
 - Continue with above exercises and functional activity progression
 - Begin gentle gleno-humeral internal and external rotation sub-maximal pain free isometrics
 - Begin gentle peri-scapular and deltoid sub-maximal pain free isotonic strengthening exercises.
 - Begin AROM supine forward flexion and elevation in the plane of the scapular with light weights (1-3 lbs) at varying degrees of trunk elevation as appropriate.
 - Progress to gentle glen-humeral internal and external rotation isotonic strengthening exercises in side lying position with light weights (1-3 lbs) and/or with thera-bands or sport cords.
- Progression to Phase III:
 - Improving function of the shoulder
 - Patient demonstrates the ability to isotonicly activate all components of the deltoid and peri-scapular musculature and is gaining strength.

Post-Op Phase III

- Goals:
 - Enhance functional use of operative extremity and advance functional activities
 - Enhance shoulder mechanics, muscular strength and endurance
- Precautions:
 - No lifting of objects heavier than 6 lbs with the operative extremity
 - No sudden lifting or pushing activities
- Post-Op Weeks 12-16:
 - Continue with the previous program as indicated
 - Progress to gentle resisted flexion, elevation in standing as appropriate

Post-Op Phase VI

- Post-Op Weeks 16+:
 - Home exercise program to be performed 3-4x/week with focus on:
 - Continued strength gains
 - Continued progression toward a return to functional and recreational activities within limits as identified by progress made during rehabilitation and outlined by surgeon and physical therapist
- Requirements to discharge from skilled therapy:
 - Patient able to maintain pain-free shoulder AROM demonstrating proper shoulder mechanics (usually 80-120° of elevation with functional external rotation of about 30°).
 - Typically able to complete light household and work activities