



## OrthoTeam Clinic

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# Post-Op Rehab Protocol for Reverse Total Shoulder Arthroplasty

## Rehabilitation Precautions

- Sling use for 6 weeks
- No internal rotation, cross body adduction, or extension x 12 weeks
- Forward elevation in SCAPTION only
- No stretching into pain
- Caution with end range motion – Do NOT push hard into end ranges
- No supporting of body weight by hand on involved side (for example, pushing up from a chair) x 12 weeks
- No driving for six weeks
- Jogging may begin at 12 weeks
- Long Term:
  - No push ups or bench press
    - 15lb limit below shoulder height
    - 10lb limit above shoulder height

## Rehabilitation Phases outlined below

### Phase I: Post-operative – 2 weeks

- Continue home program including wrist/hand, pendulums, and shoulder blade squeezes



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## Phase II: Weeks 2-4

<b>ROM</b>	<ul style="list-style-type: none"> <li>• Continue all exercises as above</li> <li>• Frequent cryotherapy application – 4-5 times a day for 15 to 20 minutes</li> <li>• NO SHOULDER IR, ADDUCTION, EXTENSION OR CROSS BODY MOVEMENT</li> </ul>
<b>Strengthening</b>	<ul style="list-style-type: none"> <li>• Begin submaximal pain-free deltoid isometrics in scapular plane (avoid shoulder extension when isolating posterior deltoid)</li> </ul>
<b>Goals to Progress to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Enhance PROM</li> <li>2. Restore active range of motion (AROM) of elbow/wrist/hand</li> <li>3. Independent with activities of daily living (ADLs) with modifications</li> </ol>

## Phase III: Weeks 4-6

<b>ROM</b>	<ul style="list-style-type: none"> <li>• Progress PROM</li> <li>• Forward scaption in supine to 120°</li> <li>• ER in scapular plane to tolerance, respecting soft tissue constraints (30-45°)</li> <li>• Continue frequent cryotherapy</li> <li>• NO SHOULDER IR, ADDUCTION OR CROSS BODY MOVEMENT</li> </ul>
<b>Strength</b>	<ul style="list-style-type: none"> <li>• Gentle resisted exercise of elbow, wrist, and hand •</li> <li>Discontinue use of sling at six weeks</li> </ul>
<b>Goals to Progress to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Patient tolerates shoulder PROM as outlined above</li> <li>2. Patient tolerates elbow, wrist and hand AROM</li> <li>3. Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature in the scapular plane</li> </ol>

## Phase IV: Weeks 6-10

<b>Precautions</b>	<ul style="list-style-type: none"> <li>• Continue to avoid shoulder hyperextension</li> <li>• In the presence of poor shoulder mechanics avoid repetitive shoulder AROM exercises/activity</li> <li>• Restrict lifting of objects to no heavier than a coffee cup</li> <li>• No supporting of body weight by involved upper extremity</li> </ul>
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<b>ROM</b>	<ul style="list-style-type: none"> <li>• Begin shoulder active assisted ROM/AROM progressing from supine to seated as tolerated in scaption, and ER in the scapular plane</li> <li>• Gentle glenohumeral and scapulothoracic joint mobilizations as indicated (Grades I and II)</li> <li>• Patient may begin to use hand of involved extremity for feeding and light ADLs</li> <li>• Continue use of cryotherapy as needed</li> <li>• NO SHOULDER IR, ADDUCTION, EXTENSION OR CROSS BODY MOVEMENT</li> </ul>
<b>Strength</b>	<ul style="list-style-type: none"> <li>• Progress strengthening of elbow, wrist, and hand</li> <li>• Begin gentle glenohumeral ER submaximal pain-free isometrics</li> <li>• Initiate gentle scapulothoracic rhythmic stabilization and alternating isometrics in supine as appropriate.</li> <li>• Begin gentle periscapular and deltoid submaximal pain-free isotonic strengthening exercises, typically toward the end of the eighth week</li> </ul>
<b>Goals to Progress to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Continue progression of PROM (full PROM is not expected)</li> <li>2. Gradually restore AROM</li> <li>3. Control pain and inflammation</li> <li>4. Re-establish dynamic shoulder stability</li> </ol>

## Phase V: Weeks 10-12

<b>ROM</b>	<ul style="list-style-type: none"> <li>• Continue with above exercises and functional activity progression</li> <li>• NO SHOULDER IR, ADDUCTION OR CROSS BODY MOVEMENT</li> </ul>
<b>Strength</b>	<ul style="list-style-type: none"> <li>• Begin supine forward flexion scaption with light weights of 1-3 pounds at varying degrees of trunk elevation as appropriate (ie, supine to sitting/standing)</li> <li>• Progress to gentle glenohumeral ER isotonic strengthening exercises</li> </ul>
<b>Goals to Progress to Next Phase</b>	<ol style="list-style-type: none"> <li>1. Improving function of shoulder</li> <li>2. Patient demonstrates the ability to isotonicly activate all components of the deltoid and periscapular musculature and is gaining strength</li> </ol>



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## Phase VI: Weeks 12+

<b>Precautions</b>	<ul style="list-style-type: none"><li>• No lifting of objects heavier than six pounds with the operative upper extremity</li><li>• No sudden lifting or pushing activities</li></ul>
<b>ROM</b>	<ul style="list-style-type: none"><li>• Continue to maintain gains</li><li>• Begin progressing IR as tolerated</li></ul>
<b>Strength</b>	<ul style="list-style-type: none"><li>• Continue with the previous program as indicated</li><li>• Progress to gentle resisted flexion, elevation in standing as appropriate</li><li>• Typically the patient is on a HEP at this stage, to be performed 3-4 times per week, with the focus on:<ul style="list-style-type: none"><li>○ Continued strength gains</li><li>○ 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</li></ul></li></ul>
<b>Criteria for Discharge from Physical Therapy</b>	<ol style="list-style-type: none"><li>1. Patient is able to maintain pain-free shoulder AROM (typically 80°-120° of elevation, with functional ER of about 30°)</li><li>2. Patient demonstrates proper shoulder mechanics</li></ol>