

## **Reverse Total Shoulder Arthroplasty Protocol**

This protocol is intended to be a general outline only. The physician reserves the right to either advance or delay this protocol as deemed necessary. If so, this should be done by direct communication with the therapist, or in writing on the therapy referral form given to the patient on the day of surgery.

### **0-5 Weeks Post-Op: General Guidelines. Patient seen 2-3x / week**

**Precautions: Protection of joint replacement. No shoulder extension beyond neutral. Avoid combination of adduction and IR for the first 3 months. In supine – support shoulder with pillow behind elbow. Use of Ultrasling with abduction wedge for 6-8 weeks.**

**Goals: Progressive range of motion. Independent ADL's. Minimize shoulder pain, decrease inflammation, protect repair.**

- Ice for several times / day for pain and inflammation control
- Day 1 Post-Op: AAROM Elbow curls without weight, and AROM grip strengthening. These should be performed supine with gravity eliminated and shoulder in neutral position.
- Day 1 Post-Op: Begin supine PROM with cane. Flexion/Elevation to 90 degrees, ER 20-30 degrees. No IR. At 1 week: Patient may begin light aerobic exercise (bike, walk) while wearing Ultrasling for cardiovascular fitness
- At 2 weeks – begin submaximal (25-50%) deltoid isometrics and pariscapular. Avoid shoulder extension on posterior deltoid activation.
- At 2 Weeks: Begin pulley exercises for additional PROM in planes of flexion to tolerance and scaption 30 degrees.

### **Week 6 – 11: Patient seen 2 – 3 x / week**

**Precautions: Continue to avoid shoulder hyperextension and IR. No AROM work till 12 weeks post-op. No lifting of objects with operative arm heavier than coffee up till week 12.**

**Goals: Progress PROM as full motion is not expected. Limits of replacement. Begin AROM work at 12 weeks to shoulder height only. Control pain and inflammation.**

- Continue above exercises,
- Discontinue wedge of Ultrasling at 6 weeks and continue full time use of sling until week 8 then discontinue. .
- At 6 weeks: Start IR to tolerance, not to exceed 50 degrees in the scapular plane.
- At 8 weeks Submaximal (20-50% effort) isometrics for shoulder musculature in standing or supine. Avoid shoulder hyperextension. At 8 weeks: AAROM of shoulder motion to not exceed shoulder height.
- At 8 weeks: Start Scapulothoracic rhythmic stabilization.
- At 8 weeks: Gentle joint mobilizations for glenohumeral, scapulothoracic.

### **Week 12 – 15: Patient seen 1 – 2 x / week**

**Precautions: No above the shoulder strengthening until 4 months post-op. No pain with AROM work starting at 12 weeks. Continue to avoid activities that place the shoulder into hyperextension.**

**Goals: Good shoulder Mechanics. No pain. Maintain ROM. Improve Strength and neuromuscular control.**

- Continue above exercises with advancement
- At 12 weeks – Begin AROM supine below the shoulder flexion and elevation. Light weights may be added as they progress. Sidelying ER/IR , thera-band rows and progress to standing.
- At 12 weeks – Closed-chain ball circles on wall at shoulder height

**Week 16 to 6 Months Post – Op: Patient seen as needed**

**Precautions: Begin active strengthening above shoulder at 16 weeks.**

**Goals: For Discharge: patient is able to maintain pain free shoulder AROM demonstrating proper shoulder mechanics Typically 80—120 degrees of elevation and ER 30 degrees.**

- At 16 weeks – Begin active strengthening above the shoulder
- At 16 weeks – progress tubing or pulley resisted flexion, horizontal abduction/adduction, lat pull downs standing to full active motion above the shoulder.

PNF D1 and D2 diagonal AROM

- Add UE plyometric exercises with balls