

Reverse Total Shoulder Arthroplasty Physical Therapy Protocol

Maximal Protective Phase (Weeks 0-4)

1-2 visits in hospital, first outpatient visits approx. post op day 10

- Protect healing tissues
 - Sling use 4 weeks (unless otherwise noted by physician)
 - Subscapularis precautions
 - No ER >0
 - Ex. Avoid buttoning jeans, closing heavy doors, etc o Avoid extension / IR (behind back)
 - Support arm when in supine
 - NWB through operated arm (do not push off table/chair to get up)
- HEP=Codman/pendulum, gentle table stretch, elbow and wrist ROM/stretching, wand/pulley, Scapular squeezes
- PROM-AAROM Forward elevation, abduction, scaption in pain free range (unless limit set by MD)
- Education in ADLs (don/doff sling, clothes, hygiene with precautions), wound care
- May do active/passive range in pool when incisions well healed, for ROM and ease of movement not resistance at this phase

Moderate>>Minimal Protective Phase (Weeks 4-6)

- Initiate AROM Week 6
- Progress ER as tolerated (unless otherwise noted by physician)
- Initiate gentle IR ROM
- Initial "Strengthening"
 - Mostly by increased use with ADLs and AROM
 - Deltoid activation progression (supine>sitting>standing)
 - Scapular coordination

Initial Strengthening Phase (> week 8, if appropriate)

- Goal full functional AROM 8-10 weeks
 - May be longer if tissue adaptation was long standing pre-surgery
 - If ROM comes along faster than above timeframes = re-enforce protection precautions and discourage "overdoing it"
- Progressive AROM >> with physician clearance, initially starting with < 1-2 pound weights in protected ROM, gradual increase to no greater than 5 pounds (until cleared by MD at 3 month follow-up visit)
- Avoid lifting or carrying more than 5 pounds (until cleared by physician at 3 month follow-up)
- Progress scapular, elbow and wrist strengthening
- Avoid "strengthening" IR until has physician clearance (due to subscapularis involvement)

Return to Activity

Only once patient has good ROM, AOL strength, and only if cleared by physician).

- Light weight machines = month 3-4
- Golf
 - Month 3-4 = putting
 - Month 5-6 = (depending on arm dominance) , start with ½ to¾ swing with sh011 irons, progressing over the next month to longer club

Three major categories of activities should be avoided. These include:

- Activities causing high impact stresses on the implant
- Activities with potentially high risk of injury
- Activities that may result in falling or getting tangled with opponents risking dislocation of the joint itself or a fracture of the bone around the implant.

These types of activities include sport activities requiring a vigorous throwing motion of the arm, chopping wood, hammering, heavy lifting or pushing activities, martial arts, and rough contact sports (such as, football, soccer, lacrosse, basketball, baseball, handball, and volleyball).

The above information is only a guideline. May be modified by the judgment of the surgeon, depending on bone/tissue quality.