REVERSE TOTAL SHOULDER ARTHROPLASTY

Date of Surgery: _____

Weeks 0 – 3 – Phase 1 – Immediate Post Surgical

Precautions:

- Sling should be worn for 4 weeks for comfort
- Sling should be used for sleeping and removed gradually for increasing periods throughout the course of the day over the first four weeks
- Avoid shoulder active range of motion
- No supporting of body weight by hand on involved side
- No driving for 4-6 weeks

Post-Operative Day 1:

- Passive forward flexion in supine to tolerance – limit 130 degrees
- ER in scapular plane to available gentle PROM (45 deg unless otherwise stated)
- Passive internal rotation to chest
- Active distal extremity exercise (Elbow, Wrist, Hand)
- Pendulums
- Cryotherapy for pain and swelling (machine provided, ice-packs, etc)

Post-Operative Days 2-10:

- Continue exercises listed above
- Passive flexion and abduction in the scapular plane
- Passive external rotation
- Begin sub-maximal, pain free shoulder isometrics in neutral
- Begin scapula musculature isometrics / sets
- Begin active assisted elbow ROM
- Pulley with greater than 90 degrees of PROM (flexion and abduction)

Post-Operative Days 10-21:

- Continue above exercises
- Progress to PROM as motion allows
- Gradually progress to AAROM in pain free ROM
- Active distal extremity exercises as appropriate
- Restore active elbow ROM

Weeks 4 – 6 – Phase 2 – Early Strengthening

Precautions:

- Sling should be worn as needed for sleeping and removed gradually over the course of phase 2 during the day
- Begin AROM against gravity
- No heavy lifting of objects (nothing heavier than coffee cup)
- No supporting of body weight by hands and arms

Week 4:

- Continue with PROM, AAROM, Isometrics
- Scapular strengthening
- Begin assisted horizontal adduction
- Continue distal extremity exercises with light resistance
- Gentle joint mobilization
- Continue use of cryotherapy

Week 5-6:

- Begin active forward flexion, internal rotation, external rotation in supine position. Only perform in pain free ROM
- Progress scapular strengthening exercises
- Wean from sling completely
- Begin isometrics of rotator cuff and periscapular muscles

Weeks 7-12 – Phase 3 – Moderate Strengthening

Precautions:

- No heavy lifting (nothing heavier than coffee cup outside of physical therapy)
- No sudden lifting or pushing activities
- No sudden jerking motions

Week 7:

- Increase anti-gravity forward flexion, abduction as appropriate
- Active external rotation and external rotation in scapular plane
- Advance PROM as tolerated, begin light stretching as appropriate
- Initiate assisted IR behind back
- Begin light functional activities

Week 8:

- Begin progressive supine active elevation (anterior deltoid strengthening) with light weights (1-3lbs) and variable degrees of elevation

Weeks 9-12:

- Begin resisted flexion, abduction, external rotation. Do no overload deltoid
- Progress internal and external strengthening. IR behind back from AAROM to AROM

Weeks 13 to 6 months - Phase 4 - Advanced Strengthening

Precautions:

- Avoid exercise and functional activities that put stress on the anterior capsule and surrounding structures
- Ensure gradual progression of strengthening
- Avoid equipment/exercises that distracts glenosphere from humeral cup (lat pull down or pull up)

Weeks 13+:

- Typically patient is on home exercise program with daily exercises
- Gradually progress strengthening program
- Gradual return to moderately challenging functional activities

4+ Months:

- Return to recreational hobbies, gardening, sports, golf, doubles tennis

REVERSE TOTAL SHOULDER ARTHROPLASTY

Phase	Goals	Criteria for Progression
1	- Allow soft tissue healing - Maintain integrity of joint - Gradually increase passive shoulder range of motion - Diminish pain and inflammation - Prevent muscular inhibition - Independent with activities of daily living	- Tolerates PROM program - At least 90 degrees PROM flexion - At least 90 degrees PROM abduction - 35 degrees PROM ER in plane of scapula - At least 70 degrees PROM IR in plane of scapula - Be able activate all shoulder, RC and upper extremity musculature
2	- Restore full PROM - Gradually restore active motion - Control pain and swelling - Allow continued soft tissue healing - Re-establish dynamic shoulder stability	- Tolerates P/AAROM, isometric program - At least 140 degrees PROM flexion - At least 120 degrees PROM abduction - At least 35 degrees PROM ER in plane of scapula - At least 70 degrees PROM IR in plane of scapula - Active elevation of shoulder against gravity to 100 degrees
3	- Gradual restoration of shoulder strength, power and endurance - Optimize neuromuscular control - Gradual return to functional activities with involved upper extremity	- Tolerates AA/AAROM - At least 140 degrees AROM flexion - At least 120 degrees AROM abduction - At least 60+ degrees AROM ER in plane of scapula - At least 70 degrees AROM IR in plane of scapula - Active elevation of shoulder against gravity to 120 degrees
4+	- Maintain full non-painful active ROM - Enhance functional use of UE - Improve muscular strength, power and endurance - Gradual return to more advanced functional activities - Progress closed chain exercises as appropriate	- Able to maintain full non-painful active ROM - Maximized functional use of UE - Maximized muscular strength, power and endurance - Returned to more advanced functional activities