

Reverse Total Shoulder Arthroplasty Protocol

Shoulder Dislocation Precautions

Precautions should be implemented for the first 12 weeks postoperatively unless surgeon specifically advises patient or therapist differently:

- No shoulder motion behind lower back and hip (no combined shoulder adduction, internal rotation and extension)
- No glenohumeral (GH) joint extension beyond neutral

Progression to the next phase based on clinical criteria and time frames as appropriate.

Phase I: Immediate Post-surgical Phase, Joint Protection (Day 1 to week 6)

Goals

- Patient and family independent with joint protection, active assisted (AAROM) exercises as prescribed, dressing, don/doff sling, assisting with home exercise program, application of ice
- Promote healing of soft tissue/maintain the integrity of the replaced joint
- Restore active range of movement (AROM) of elbow, wrist and hand
- Independent with activities of daily living (ADLs) with modifications
- Adequate pain control

Precautions

- Sling is worn for 6 weeks postoperatively unless otherwise directed
- No shoulder AROM
- No lifting, pushing, pulling or reaching with the operative extremity
- Keep incision clean and dry (no soaking/wetting for 2wk)

Days 1 to14 (acute care therapy)

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- AROM/AAROM of cervical spine, elbow, wrist and hand
- Begin periscapular submaximal pain-free isometrics in the scapular plane
- Apply ice 4-5 times a day for 20 minutes

Weeks 2-6

- Continue all exercises as above
- Begin submaximal pain free deltoid isometrics in scapular plane (avoid shoulder extension when isolating posterior deltoid)
- May begin pendular exercises or restricted AAROM of the shoulder as prescribed
- Continue to apply ice 4-5 times a day for 20 minutes

Criteria for progression to Phase II

- Patient tolerates shoulder AAROM and AROM program for elbow, wrist and hand
- Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature in the scapular plane

Phase II: AROM, Early Strengthening Phase (Weeks 6 to 12)

Goals

- Continue progression of AAROM (full AAROM is not expected)
- Gradually restore AROM
- Control pain and inflammation
- Allow continued healing of soft tissue
- Re-establish dynamic shoulder stability
- Independence with ADL's with modifications as required

Precautions

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- Continue to avoid shoulder hyperextension
- In the presence of poor shoulder mechanics avoid repetitive shoulder AROM activity
- Restrict lifting of objects to objects no heavier than a coffee cup
- No supporting of body weight by involved upper extremity
- Carefully observe for correct shoulder mechanics prior to exercise progressions
- Terminal stretching not recommended for this procedure

Weeks 6 to 8

- Continue with AAROM program
- Progression to unrestricted shoulder AROM (progress from antigravity to gravity dependent positions)
- Forward elevation and flexion in the scapular plane in supine with progression to sitting/standing
- ER and IR and the scapular plane in supine with progression to sitting/standing
- Begin gentle GH IR and ER submaximal pain-free isometrics
- Begin gentle periscapular and deltoid submaximal pain-free isotonic strengthening exercises, typically toward the end of the seventh week
- Open kinetic scapular strengthening
- Open kinetic proprioception initiation
- Progress strengthening of elbow, wrist and hand
- Gentle GH mobilizations if indicated
- Continue use of cryotherapy as needed
- Patient may begin to use hand operative extremity for light ADLs
- If a latissimus dorsi transfer is concurrently performed biofeedback or neuromuscular electrical stimulation may be helpful

Weeks 9-12

- Continue with above exercises and functional activity progression
- Begin AROM supine forward flexion with light resistance
- Progress to gentle GH IR and ER isotonic strengthening exercises

Criteria for progression to Phase III

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- Improving function of the shoulder
- Patient demonstrates the ability to isotonicly activate all components of the deltoid and periscapular musculature and is gaining strength

Phase III: Moderate Muscle Strengthening (Week 12+)

Goals

- Enhance functional use of operative extremity and advance functional activities
- Enhance shoulder mechanics, muscular strength, power and endurance

Precautions

- **No lifting of objects heavier than 2.7 kg (6 lb) with the operative upper extremity**
- **No sudden lifting or pushing activities**

Weeks 12 to 16

- Continue with previous program as indicated
- Progression to full AAROM/AROM as tolerated (outcomes are variable)
- Progress isotonic GH joint exercises – emphasis on deltoid and ER
- Advancement of proprioception exercises
- Emphasis on low weight/high repetition program
- Gentle grade I or II GH joint mobilizations
- Scapular mobilizations
- Progression to closed kinetic scapular strengthening

Phase IV: Continued Home Program (Typically 4+ Months Postoperative)

Typically the patient is on a Home exercise program at this stage, to be performed daily with the 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
- Lifting limit of 5-7 Kg indefinitely
- Repetitive lifting discouraged
- Avoid high impact activities for the upper extremities
- Occasional golfing okay

Criteria for discharge from skilled therapy

- Patient is able to maintain pain free shoulder AROM, demonstrating proper shoulder mechanics (typically 100-140 degrees of forward elevation and 30 degrees of functional ER in some cases)

The above guidelines are intended for the physiotherapist, to guide post-operative care and rehabilitation. It should only be initiated and performed under the guidance and supervision of a registered physiotherapist and the surgeon.