

Rehabilitation Protocol: REVERSE Total Shoulder Arthroplasty

Phase I: 0-2 weeks

- Brace: Shoulder immobilizer at all times except during exercise & hygiene
- ROM:
 - > active/passive elbow/wrist/hand ROM
 - > Weeks 0-2: No ROM except gentle passive home exercises
- Avoid shoulder extension. The elbow should always be visible to the patient. A pillow should be placed behind the upper arm when sitting or in a recliner.
- Avoid combined IR/ADD/EXT (such as hand behind back)
- Avoid combined IR/ADD (such as reaching across chest)
- No active motion
- Passive ROM goal for first 6 weeks: forward elevation 120, ER at side 30 degrees
- Weightbearing: Non-weightbearing
- Exercises:
Weeks 0-2:
 - Pendulums
 - Grip strengthening
 - Elbow/wrist/hand ROM
 - Active scapular retraction with arms in neutral position
 - Passive forward elevation in scapular plane to 90-120 max motion; ER in scapular plane to 30

Phase II: 2-6 weeks

- Brace: Shoulder immobilizer at all times except during exercise & hygiene weeks 2-4; after week 4 may remove sling at home while in controlled environment
- ROM:
 - Avoid shoulder extension. The elbow should always be visible to the patient. A pillow should be placed behind the upper arm when sitting or in a recliner.
 - Avoid combined IR/ADD/EXT (such as hand behind back)
 - Avoid combined IR/ADD (such as reaching across chest)
- Weightbearing: Non-weightbearing
- Exercises:
 - Begin using arm for light activities of daily living with elbow near side of body and arm in front of body
 - Submaximal isometrics pain free for all heads of deltoid (anterior, middle, posterior)
 - o For posterior: shoulder should not move into extension - arm remains anterior to the coronal plane
 - At 4 weeks: begin to place arm in balanced position of 90 deg elevation in supine; when able to hold this position with ease, may begin reverse pendulums clockwise and counterclockwise
 - Goals: achieve passive forward elevation to 120 and ER to 30; fire all heads of deltoid

Phase III: 6-12 weeks

- Brace: Discontinue use of sling
- ROM:
 - Avoid forcing end ROM in any direction

- May initiate functional IR behind back gently
- Weightbearing: use in ADLs as tolerated; no heavy lifting
- Exercises:
 - Optimize PROM for elevation and ER in scapular plane - do not force
 - Recover AROM as close to PROM as possible
 - Forward elevation in scapular plane to active progression: supine to incline to vertical; short to long lever arm
 - Balanced position long lever arm AROM
 - Active ER/IR with arm at side
 - Scapular retraction with light band resistance
 - Wall walking and/or pulleys
 - No upper body ergometer

Phase IV:
12+ weeks

- Brace: None
- ROM: as tolerated
- Weightbearing: advance as tolerated - avoid heavy lifting and heavy pushing. Limit overhead sports.
- Exercises:
 - Add light hand weights for deltoid up to and not to exceed 3 lbs for anterior and posterior with long arm lift against gravity; elbow bent to 90 deg for abduction in scapular plane
 - Theraband progression for extension to hip with scapular depression/retraction
 - Theraband progression for serratus anterior punches in spine; avoid wall, incline or prone press-ups for serratus anterior
 - End range stretching gently without forceful overpressure in all planes (elevation in scapular plane, ER in scapular plane, functional IR) with stretching done for life as part of a daily routine
 - No upper body ergometer
- Develop home maintenance program