



*Orthopedic Surgery, Sports Medicine & Arthroscopy Specialists*

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### **REHABILITATION PROTOCOL- Reverse Shoulder Arthroplasty**

The rehabilitation guidelines are presented in a criterion based progression program. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, associated injuries, pre-injury health status, rehab compliance, tissue quality and injury severity. Specific time frames, restrictions, and precautions may also be given to protect healing tissues and the surgical repair/reconstruction. It should not be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam findings, individual progress, and/or the presence of post-operative complications. The therapist should consult the referring physician with any questions or concerns.

**Shoulder dislocation precautions- No motion behind back (combined adduction, IR, extension), no extension beyond neutral.** Precautions for 12 weeks postop unless otherwise noted. When lying supine, elbow should be supported by pillow or towel to avoid extension.

### **INDIVIDUAL CONSIDERATIONS: S/p**

#### **PHASE 1- Surgery to 3 weeks**

REHAB GOALS	<ol style="list-style-type: none"><li>1. Protection of the post-surgical repair</li><li>2. Emphasize importance of sling usage</li><li>3. Minimize swelling &amp; pain</li></ol>
PRECAUTIONS	<ol style="list-style-type: none"><li>1. Sling immobilization for 4-6 weeks, use at all times except bathing &amp; ROM exercises</li><li>2. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session once splint removed</li><li>3. No lifting or carrying objects, no supporting of body weight with involved extremity</li><li>4. No active ROM</li></ol>
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"><li>○ Active &amp; passive wrist, hand ROM, ball squeeze, gripping</li><li>○ No stretching at this time</li></ul>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"><li>○ As above</li><li>○ Sub max pain free periscapular isometrics in scapular plane</li><li>○ Week 2- LE and core strengthening with sling on at all times</li></ul>
CARDIOVASCULAR EXERCISE	None
PROGRESSION	<ul style="list-style-type: none"><li>○ Minimal/no pain</li></ul>

CRITERIA	<ul style="list-style-type: none"> <li>○ 100% sling compliance</li> <li>○ No signs of repair failure</li> <li>○ Wound healing</li> </ul>
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## PHASE 2- 4-6weeks

REHAB GOALS	<ol style="list-style-type: none"> <li>1. Protection of the post-surgical repair</li> <li>2. Prevent contracture of hand/wrist/elbow</li> <li>3. Minimize pain and swelling</li> </ol>
PRECAUTIONS	<ol style="list-style-type: none"> <li>1. Sling immobilization for 4-6 weeks, use at all times except bathing &amp; ROM exercises</li> <li>2. ROM precautions: no internal rotation ROM.</li> <li>3. No active range of motion for 6 weeks</li> <li>4. Cryocuff 3-5 times per day for 20 minutes and ice after every therapy session once splint removed</li> <li>5. No lifting or carrying objects.</li> </ol>
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> <li>○ Continue phase 1 exercises- no active ROM</li> <li>○ Forward flexion &amp; elevation in scapular plane</li> <li>○ ER in scapular plane to tolerance</li> <li>○ Glenohumeral/scapular mobilizations as needed in 30 deg scapular elevation, neutral rotation</li> </ul>
SUGGESTED THERAPEUTIC EXERCISES	<ul style="list-style-type: none"> <li>○ Continue phase 1 exercises</li> <li>○ Gentle resisted elbow, wrist, hand exercises</li> </ul>
CARDIOVASCULAR EXERCISE	Stationary bike at week 3 while wearing sling at all times
PROGRESSION CRITERIA	<ul style="list-style-type: none"> <li>○ No swelling or pain. No signs/symptoms of instability</li> <li>○ Elbow, wrist &amp; hand ROM equal to contralateral</li> <li>○ PROM per ROM guidelines</li> </ul>

## PHASE 3- 7-12 weeks postop

REHAB GOALS	<ul style="list-style-type: none"> <li>○ Protect surgical repair</li> <li>○ Gradual restoration of ROM</li> </ul>
PRECAUTIONS	<ul style="list-style-type: none"> <li>○ ROM limitations- No hyperextension.</li> <li>○ Avoid aggressive or rapid increase in deltoid exercise</li> <li>○ Discontinue sling use</li> <li>○ No lifting heavier than cup of coffee, no supporting of body weight with involved extremity</li> </ul>
RANGE OF MOTION EXERCISES	<ul style="list-style-type: none"> <li>○ Continue exercises from phase 2.</li> <li>○ PROM IR to tolerance (&lt;50 deg)</li> <li>○ Begin AA/AROM (supine progress to sit/stand)</li> <li>○ Gentle GH &amp; ST mobilizations</li> </ul>

<b>SUGGESTED THERAPEUTIC EXERCISES</b>	<ul style="list-style-type: none"> <li>○ Continue exercises from phase 2</li> <li>○ Gentle scapulothoracic rhythmic stabilization &amp; alternating isometrics in supine. Minimize deltoid recruitment</li> <li>○ Week 9-gentle periscapular &amp; deltoid sub max pain free isotonic strengthening.</li> <li>○ Week9- AROM supine forward flexion, elevation in scapular plane, light weight</li> <li>○ Week 9- Gentle IR &amp; ER isotonic strengthening side lying, light weight/bands</li> </ul>
<b>CARDIOVASCULAR EXERCISE</b>	Stationary bike increasing resistance
<b>PROGRESSION CRITERIA</b>	<ul style="list-style-type: none"> <li>○ Improving function</li> <li>○ Able to isotonically activate deltoid &amp; periscapular musculature</li> </ul>

#### **PHASE 4- 12+weeks postop**

<b>REHAB GOALS</b>	<ul style="list-style-type: none"> <li>○ Enhance functional use</li> <li>○ Enhance mechanics, strength, endurance</li> </ul>
<b>PRECAUTIONS</b>	No sudden lifting or pushing No lifting > 5lbs with operative extremity
<b>RANGE OF MOTION EXERCISES</b>	<ul style="list-style-type: none"> <li>○ Continue with flexibility exercises from previous phase</li> <li>○ Mobilizations as needed</li> </ul>
<b>SUGGESTED THERAPEUTIC EXERCISES</b>	<ul style="list-style-type: none"> <li>○ Continue phase 3 activities. Progress with resistance/load.</li> <li>○ Progress to gentle resisted flexion, elevation</li> </ul>
<b>CARDIOVASCULAR EXERCISE</b>	Continue from phase 3, add stairmaster, elliptical ( noupper body).
<b>PROGRESSION CRITERIA</b>	<ul style="list-style-type: none"> <li>○ Pain free active ROM (typically 80-120 elevation, ER ~30)</li> <li>○ Able to complete light housework &amp; activities</li> </ul>