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REVERSE TOTAL SHOULDER ARTHROPLASTY PROTOCOL

Weeks 1-3

- Allow healing of soft tissue, monitor neurovascular status
- Independent with ADL's with modifications to protect joint replacement. There is a higher risk for dislocation of a reverse TSR vs. conventional TSR. Avoid the combination of IR, Adduction and Extension beyond neutral. (Such as reaching behind the back)
- Sling is to be worn full time outside of the home and sleeping for 2-3 weeks, PRN in the home (may vary by M.D.)
- Sling to be removed 4 times a day to allow the elbow to fully extend and perform HEP.
- When lying in supine, a small pillow or towel roll should be placed under the elbow to position the shoulder in a more functional neutral position.
- Avoid weight bearing to replaced joint, avoid extension beyond neutral with IR, and avoid excessive ER to protect subscapularis repair.
- Begin gentle PROM:
  - Flexion and Abduction to tolerance
  - ER to 30-40° with elbow supported on towel roll for scapular plane(do not force ER to protect subscapularis repair)
  - IR to 50° with elbow supported on towel roll for scapular plane
- Exercises
  - Pendulums/Codman's exercises
  - Submaximal scapular AROM (elevation and retraction)
  - Submaximal shoulder isometrics if pain free (ER/Flexion/Abduction in neutral)
  - Elbow ROM
  - Wrist and hand AROM-Stress ball or pad that comes with sling
  - Table slides into flexion (no weight bearing through involved extremity)
  - Cervical AROM as needed
- Ice and modalities as needed for pain and swelling

Weeks 3-6

- Continue with elbow, wrist and hand AROM.
- Continue Pendulums/Codman's
- Continue shoulder isometrics in a pain-free range (avoid IR if painful as well as) and
- Progress AAROM/PROM:
  - Flexion and Abduction to tolerance
  - ER to 45-50° with elbow supported on towel roll for scapular plane
  - IR to 60° with elbow supported on towel roll for scapular plane

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    - Active IR behind back to gluteal region only. (Tucking in shirt and performing bathroom hygiene restricted for 8-12 weeks.)
- May progress to rope and pulley at 3-4 weeks postop once 120° in supine flexion is achieved.
- Progress scapular strengthening as long as there is no increase in pain or symptoms.
- Monitor swelling, abnormal pain response, and increased night pain and modify accordingly
- Ice and modalities as needed for pain and swelling

Weeks 6-9

- Progress supine passive range of motion
    - Flexion and Abduction to tolerance
    - ER to 70-80° with shoulder abducted 90°
    - IR to 70° with shoulder abducted 45-60°
- Progress scapular exercises, Emphasize scapular stabilization, serratus anterior strengthening
- Begin light resistance exercise with theraband for ER, IR, EXT, ADD and Rows (avoid extension beyond neutral)
- Begin active flexion and scaption to 90° if scapular mechanics are good.
- Begin biceps resistance as tolerated (hammer curls vs. supinated curls).
- Watch scapulo-humeral rhythm, emphasize concentric/eccentric phases
- May utilize gentle horizontal adduction stretch with shoulder in 45-80° of flexion to avoid impingement of RC.
- May initiate low level closed chain strengthening below shoulder level (counter shines, ball rolls, etc)
- Ice and modalities as needed for pain.

Weeks 9-12

- Progress strengthening and stretching exercises as tolerated – focus on higher reps and lower resistance with bands/weights.
- Progress range of motion toward a functional range in all planes, including ER at 90° abduction
- If adequate range is achieved, may begin prone core/scapular stabilization and cuff program. If adequate range is not yet achieved or patient is not comfortable with prone program, initiate with supine Theraband program (start at 90°-100°) and advance as tolerated.
- Multi-angle rhythmic stabilization

Weeks 12-24

- Progress to advanced strengthening program as tolerated
- Begin PNF patterns: limited range →full range, proximal →middle →distal resistance
- Continue CKC on wall →slideboard
- Maximize functional use of UE