

REVERSE TOTAL SHOULDER ARTHROPLASTY CLINICAL PRACTICE GUIDELINES

Progression is time and criterion-based, dependent on soft tissue healing, patient demographics and clinician evaluation. Contact Ohio State Sports Medicine at 614-293-2385 if questions arise.

Rehabilitation Precautions

- Sling use for 6 weeks
- No internal rotation, cross body adduction, or extension x 12 weeks
- Forward elevation in SCAPTION only
- No stretching into pain
- Caution with end range motion – Do NOT push hard into end ranges
- No supporting of body weight by hand on involved side (for example, pushing up from a chair) x 12 weeks
- No driving for six weeks
- Jogging may begin at 12 weeks
- Long Term:
 - No push ups or bench press
 - 15lb limit below shoulder height
 - 10lb limit above shoulder height

Check with surgeon's office if posterior instability precautions are indicated on referral or operative report

Phase I: Post-operative – 2 weeks

- Continue home program including wrist/hand, pendulums, and shoulder blade squeezes

Phase II: Weeks 2-4

ROM	<ul style="list-style-type: none">• Continue all exercises as above• Frequent cryotherapy application – 4-5 times a day for 15 to 20 minutes• NO SHOULDER IR, ADDUCTION, EXTENSION OR CROSS BODY MOVEMENT
Strengthening	<ul style="list-style-type: none">• Begin submaximal pain-free deltoid isometrics in scapular plane (avoid shoulder extension when isolating posterior deltoid)
Goals to Progress to Next Phase	<ol style="list-style-type: none">1. Enhance PROM2. Restore active range of motion (AROM) of elbow/wrist/hand3. Independent with activities of daily living (ADLs) with modifications

Phase III: Weeks 4-6

ROM	<ul style="list-style-type: none"> • Progress PROM • Forward scaption in supine to 120° • ER in scapular plane to tolerance, respecting soft tissue constraints (30-45°) • Continue frequent cryotherapy • NO SHOULDER IR, ADDUCTION OR CROSS BODY MOVEMENT
Strength	<ul style="list-style-type: none"> • Gentle resisted exercise of elbow, wrist, and hand • Discontinue use of sling at six weeks
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Patient tolerates shoulder PROM as outlined above 2. Patient tolerates elbow, wrist and hand AROM 3. Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature in the scapular plane

Phase IV: Weeks 6-10

Precautions	<ul style="list-style-type: none"> • Continue to avoid shoulder hyperextension • In the presence of poor shoulder mechanics avoid repetitive shoulder AROM exercises/activity • Restrict lifting of objects to no heavier than a coffee cup • No supporting of body weight by involved upper extremity
ROM	<ul style="list-style-type: none"> • Begin shoulder active assisted ROM/AROM progressing from supine to seated as tolerated in scaption, and ER in the scapular plane • Gentle glenohumeral and scapulothoracic joint mobilizations as indicated (Grades I and II) • Patient may begin to use hand of involved extremity for feeding and light ADLs • Continue use of cryotherapy as needed • NO SHOULDER IR, ADDUCTION, EXTENSION OR CROSS BODY MOVEMENT
Strength	<ul style="list-style-type: none"> • Progress strengthening of elbow, wrist, and hand • Begin gentle glenohumeral ER submaximal pain-free isometrics • Initiate gentle scapulothoracic rhythmic stabilization and alternating isometrics in supine as appropriate. • Begin gentle periscapular and deltoid submaximal pain-free isotonic strengthening exercises, typically toward the end of the eighth week
Goals to Progress to Next Phase	<ol style="list-style-type: none"> 1. Continue progression of PROM (full PROM is not expected) 2. Gradually restore AROM 3. Control pain and inflammation 4. Re-establish dynamic shoulder stability

Phase V: Weeks 10-12

ROM	<ul style="list-style-type: none"> Continue with above exercises and functional activity progression NO SHOULDER IR, ADDUCTION OR CROSS BODY MOVEMENT
Strength	<ul style="list-style-type: none"> Begin supine forward flexion scaption with light weights of 1-3 pounds at varying degrees of trunk elevation as appropriate (ie, supine to sitting/standing) Progress to gentle glenohumeral ER isotonic strengthening exercises
Goals to Progress to Next Phase	<ol style="list-style-type: none"> Improving function of shoulder Patient demonstrates the ability to isotonicly activate all components of the deltoid and periscapular musculature and is gaining strength

Phase VI: Weeks 12+

Precautions	<ul style="list-style-type: none"> No lifting of objects heavier than six pounds with the operative upper extremity No sudden lifting or pushing activities
ROM	<ul style="list-style-type: none"> Continue to maintain gains Begin progressing IR as tolerated
Strength	<ul style="list-style-type: none"> Continue with the previous program as indicated Progress to gentle resisted flexion, elevation in standing as appropriate Typically the patient is on a HEP at this stage, to be performed 3-4 times per week, with the focus on: <ul style="list-style-type: none"> 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
Criteria for Discharge from Physical Therapy	<ol style="list-style-type: none"> Patient is able to maintain pain-free shoulder AROM (typically 80°-120° of elevation, with functional ER of about 30°) Patient demonstrates proper shoulder mechanics

References

Bourdreau S, Bourdreau E, Higgins LD, and Wilcox RB. Reahabilitation Following Reverse Total Shoulder Arthroplasty. *Journal of Orthopaedic and Sports Physical Therapy*. 2007; 37:12 (734-743).



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