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Reverse Total Shoulder Arthroplasty Protocol

Phase I –Post-Surgical Phase (Day 1-6 weeks)

Goals:

- Joint protection
- Reduce acute pain and inflammation (cryotherapy)
- Patient education: donning/doffing sling, positioning, activity restrictions, dislocation precautions
- Home Exercise Program (HEP)
- Restore active range of motion (AROM) of elbow, wrist, and hand
- Independent with basic activities of daily living (ADLs), bed mobility, transfers, and ambulation
- Begin gentle passive (PROM) and active assisted range of motion (AAROM) of the shoulder
    - This goal should be implemented closer to the 6th week and may be delayed in the presence of a tendon transfer and/or a subscapularis repair during surgery to avoid stressing any soft tissue repair.

Precautions:

- Shoulder sling/immobilizer to be worn 4-6 weeks post-operatively (generally 4 weeks with isolated rTSA and up to 6 weeks with associated tendon transfer or subscapularis repair). Sling/immobilizer to be worn at all times except with HEP and bathing.
- Positioning: While in supine the humerus/elbow complex should be supported by a pillow or towel roll to avoid shoulder extension. Patient shoulder be advised to "always be able to visualize your elbow while on your back"

Things to Avoid:

- No shoulder AROM
- No lifting post-operatively with the operative upper extremity
- No supporting of body weight with operative upper extremity (i.e., do not use arm on chair when transitioning in sit to stand)
- Keep incision clean and dry. No soaking incision for 2 weeks, no swimming, jacuzzi, or wading for 4 weeks.

Interventions/Education:

- Activity modification
- Postural education
- Cryotherapy
- A/AAROM (pain-free) of elbow, wrist, and hand
- If indicated, discuss medical management (NSAID or analgesic medications) with referring surgeon

Phase II – Active Range of Motion/Early Strength Phase (7-12 weeks)

Goals:

- Joint protection
- Continue to address pain and inflammation (cryotherapy).
- Ensure functional AA/PROM are progressing with isolated rTSA and begin AA/PROM with rTSA with concomitant tendon transfers and/or subscapularis repair.
- Tolerates progressive active range of motion (AROM.)
- Patient will demonstrate the ability to gently and isometrically activate all components of the deltoid as well as scapula musculature.

Precautions:

- Continue to comply with dislocation precautions

Things to Avoid:

- Avoid over-utilization/strengthening of deltoid complex secondary to potential risk of stressing the deltoid and acromion.
- In the presence of poor shoulder mechanics, avoid repetitive shoulder AA/AROM exercises/activities. Restrict lifting objects >1-2lbs. **NO resistance with rTSA that has concomitant tendon transfer or subscapularis repair until week 12 post-operative.**
- Avoid jerking, pushing, pulling activities.
- No supporting body weight with surgical arm.

Interventions/Education:

- Continue with previous exercises in phase I
- Continue with activity modification as appropriate and indicated
- Postural and positioning education
- Cryotherapy as needed
- A/AAROM (pain-free)

Criteria for progression to the next phase:

- Patient demonstrates improving functional use of shoulder.
- Patient can isometrically activate all segments of the deltoid and periscapular musculature.

Phase III – Progressive Functional Phase (week 12+)

Please Note: If a patient is struggling to achieve greater than 90 degrees of AROM shoulder forward flexion / elevation by 12 weeks, then it is advised that the patient's rehabilitation program be shifted to a Levy / Deltoid Lawn chair Progression Protocol.

Goals:

- Enhance functional use of operative shoulder with advancement of functional activities specific to individual patient goals.
- Continue to educate importance of implementing appropriate shoulder mechanics, muscle strength and endurance.
- Continue with previous exercises.
- Progress AROM shoulder
- Initiate resistance exercises with rTSA with concomitant tendon transfers.
- Independence with a progressive HEP.

Precautions:

- Continue to be mindful of dislocation precautions.

Things to Avoid:

- No lifting of objects heavier than 2-6lbs (will vary per patient; consult surgeon for individual restrictions).
- Continue to avoid jerking, pushing, and pulling activities.

Interventions/Education:

- Continue with previous exercises
- Continue with activity modification as appropriate
- Postural and positioning education
- Progress A/AAROM (pain-free)

Phase IV – Home Program (Typically 4+ months postop)

Typically, patients following a reverse TSA require only functional strengthening activities. If other strengthening is indicated, the therapist should consult with the referring surgeon.

Goals/Criteria for discharge from skilled physical therapy:

- Patient can return to light household and work activities
- Patient can return to recreational activities within the limits identified by the patient's rehabilitation process and outlined by the surgeon and physical therapist.
- Patient is independent with HEP

Precautions:

- Continue to be mindful of dislocation precautions.

Things to Avoid:

- No lifting of objects heavier than 2-6 lbs. (will vary per patient surgeon and physical therapist, determined on individual patient basis).
- Continue to avoid jerking, pushing, and pulling activities.