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Physical Therapy Protocol: Reverse Total Shoulder Arthroplasty

Philosophy:

In patients with fracture or rotator cuff damage, reverse total shoulder arthroplasty is designed to relieve pain in the shoulder and restore motion. Successful results in shoulder surgery can only be accomplished through the cooperation and team approach of the surgeon, therapist and patient. Pre-op planning should include arranging help around the home prior to surgery, even with activities such as eating, dressing, and personal cares. A strong, pain-free shoulder with functional range-of-motion only comes about through a reconstruction of the affected shoulder with appropriate soft-tissue releases done at the time of surgery. A positive mental attitude and strong desire to return to activities is needed for best outcome.

Post-Op 0-6 Weeks

OSMS Appointments:

Medical appointment at 2 & 6 weeks, with films
Physical therapy begins at 2 weeks, and continues weekly

Rehabilitation Goals:

Pain control and one-handed ADLs
Gentle ROM
Protect the surgical reconstruction

Precautions:

Strict sling use (only off for therapy) for 2 weeks
Recommend use of small pillow or towel behind the elbow when supine to avoid hyperextension
NWB on surgical side (no pushing up from chair)
Avoid active adduction, IR, shoulder extension\
ER limited to 20°-30° in scapular plane

Suggested Therapeutic Exercises:

Transfer and gait training with NWB on surgical side
Hand/Wrist/Elbow ROM exercises
Codman's or pendulum exercises TID
Scapular clocks
Scapulothoracic mobilizations
After 4 weeks, initiate AAROM with T-bar/pulleys
Deltoid submaximal isometrics in neutral



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Grade I-II shoulder joint mobilizations

Cardiovascular Exercises:

Walking (with sling on)

Progression Criteria:

After 6 weeks, with pain-free PROM

Phase II, (after Phase I criteria met, usually 6-12 Weeks)

OSMS Appointments:

Medical appointment at 6 and 12 weeks, with films

Physical therapy continues twice weekly

Rehabilitation Goals:

Restore AROM

Minimize pain

Optimize shoulder strength

Suggested Therapeutic Exercises:

Progress PROM

Initiate PROM of IR to tolerance (do not exceed 50°) in scapular plane

AROM, and progress to light deltoid, biceps, and triceps strengthening

Isometrics with progression to TheraBands

Cardiovascular Exercises:

Walking, Stairmaster, or stationary bicycle

Phase III, (after Phase II criteria met, usually 12+ weeks)

Rehabilitation Goals:

Progress functional strength and endurance

Suggested Therapeutic Exercises:

Add PREs, no restrictions

Begin functional progression for sports and activity-related tasks

References:

- Brown DD, Friedman RJ. Postoperative rehabilitation following total shoulder arthroplasty. *Orthop Clinic North Am.* 1998; 29(3): 535-547.
- Wilcox RBIII, Arslanian LE, Millett PJ. Rehabilitation Following Total Shoulder Arthroplasty. *J Orthop Sports Phys Ther.* 2005;35(12):821-835.