

Reverse Total Shoulder Arthroplasty Protocol

*Important rehab guidelines to consider

- Avoid shoulder Ext past neutral for 12 weeks
- Avoid internal rotation, abduction and extension as patients have a high likely hood of dislocation with combined movements. Such as tucking in their shirt, and performing bathroom/ personal hygiene
- Stability and mobility of the shoulder is now dependent on the Deltoid and periscapular function in patients with a rTSA
- Restoration of Full Normal ROM is NOT expected
- Traditionally rTSA procedure is done via Superior approach, and in these cases;
 - Early deltoid activity is CONTRAINDICATED
 - Use of sling for 4-6 weeks
 - No isometrics until 4 weeks
 - No AROM Flex for 6 weeks
 - No IR until 6 weeks
 - No deltoid strengthening for 12 weeks

*Permanent Restrictions

- No lifting, pushing, pulling more than 25 pounds
- No impact activities

Phase 1 (1 to 4 weeks)

- Sling for 4-6 weeks
- No shoulder Extension past neutral
- No AROM
- No lifting
- No supporting body weight
- A/AAROM Elbow, wrist, hand
- Periscapular sub max isometrics
- PROM only
 - Flex in scapular plane 90 deg
 - ER in scapular plane 20-30 deg
 - NO IR

Phase 2 (4 weeks)

- Begin Sub max pain free isometrics (avoid shoulder ext)
- PROM in a scapular plane
 - Flexion to 120 deg
 - ER to 45 deg
 - Abd to 70
 - NO IR

(6 weeks)

- PROM
 - ER to 60 deg
 - Begin IR to tolerance NOT to exceed 50 deg
- Initiate GH and ST joint mobs (grade 1 and 2)
- Begin Shoulder AAROM as tolerable with progression to sitting/standing

Phase 3 (9 weeks)

- Begin periscapular and deltoid sub max pain free deltoid isotonic/ PRE exercises
- Begin AROM supine forward flexion with light weights
- Progress GH joint IR ER isotonic ther ex progressing sidelying to standing

(12 weeks +)

- Continue to progress isotonic and PRE's
- Progress AROM, proper mechanics, pain free ROM typically 80-120 deg of elevation and 30 deg of ER
- Progress act to tolerate light house hold and work act.