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## **Reverse Total Shoulder Rehabilitation Protocol**

You have undergone a reverse total shoulder replacement procedure. The performance of the procedure is complete, but for the most optimal outcome, it is vital that you follow your post operative rehabilitation protocol. The intent of this protocol is to provide the patient and therapist with a guideline for post-operative rehabilitation of a shoulder replacement.

### **Sling**

It is very important to continue to use your sling for the entire 4 weeks (this time period may change according to your particular situation) in order to protect your shoulder and diminish your chances of having a dislocation. Failure to allow this tendon to heal will severely affect your outcome.

### **Phase 1: Joint Protection Weeks 0-4**

#### **Precautions:**

- Keep incisions clean and dry for 2 weeks post operatively and no soaking in baths, hot tubs, pools or lakes for 6 weeks
- No shoulder active range of motion
- No shoulder ROM behind back and hip
- No lifting any objects with operative arm
- OK to do simple pendulums of shoulder but limited elevation to 90 degrees and external rotation to 30 degrees
- For Weeks 0-4, A small pillow or towel roll should be placed behind the elbow while lying down in order to avoid shoulder hyperextension which will stretch anterior capsule and subscapularis.
- No weight bearing on operative arm for first 4 weeks



**Goals/Treatment:**

- Joint protection
- Enhance activities of daily living including dressing, application and removal of sling
- Enhance gentle PROM with limits
  - Elevation 90 degrees
  - External rotation 30 degrees
  - Internal rotation to hip
  - Abduction to 45 degrees
- Cryotherapy
- Gentle sub-maximal isometrics of deltoid and periscapular muscles

**Phase 2: AROM and Early Strengthening Weeks 5-12**

**Precautions:**

- Due to the potential of an acromial stress fracture, it is essential to gradually progress a pain free program for deltoid strengthening
- Continue to avoid shoulder hyperextension
- No lifting anything heavier than 5 lbs.
- No supporting of body weight by operative extremity

**Goals/Treatment:**

- Continue PROM



- Begin Active-assisted ROM and AROM as tolerated. Again, this motion should remain relatively pain-free
  - Start with AAROM and AROM in supine position and progress to standing as progress is made
  - Initiate gentle scapulothoracic rhythmic stabilization
  - Continue cryotherapy
  - Patient may begin to use operative extremity for feeding and light activities of daily living such as dressing and washing
  - Progress to gentle glenohumeral IR and ER isotonic strengthening in side-lying position with 1-3 lbs.

### **Phase 3 - Moderate Strengthening Week 12 +**

- Enhance functional use of operative extremity
- Enhance shoulder mechanics, muscular strength and endurance
- Lifting limit for operative extremity is 5 lbs.

### **Criteria for discharge from skilled therapy:**

- Patient is able to maintain pain free shoulder AROM demonstrating proper shoulder mechanics. (Typically 80 – 120 degrees of elevation with functional ER of about 30 degrees and having the ability to put your hand on you head without assistance)
- Typically able to complete light household and work activities.