# REVERSE SHOULDER ARTHROPLASTY PROTOCOL
# DR. ELRASHIDY – TRI-VALLEY ORTHOPEDICS

## OVERVIEW

- Rehab after **reverse shoulder arthroplasty** tends to be faster and less restrictive than total shoulder arthroplasty (usually no rotator cuff repair to protect so can progress faster)
- **Long-term goal**: 90° or more of active forward elevation and abduction
- **Sling** - Simple sling for 4 weeks as follows:
    - Full time x 3 weeks: After week 3, in Week 4, begin to wean during day as tolerated
    - Continue to wear while sleeping until end of Week 4
- **When Supine:** For first 4 weeks, place small pillow/roll behind elbow to **avoid hyperextension**
    - Prevents tension on subscap (if repaired)
    - Instruct patient they should be able to visualize elbow

**Other Precautions:**

- No lifting (greater than coffee mug) or strengthening for first 4-5 weeks
    - Ok to use operative arm for activities of daily living (brushing teeth, eating, etc)
- No strengthening for first 4 weeks. Focus on PROM, followed by AAROM and AROM
- No pulleys x 4 weeks
- Reinforce weight limit of no greater than 10-15 lbs on operative shoulder/extremity

## PHASE 1: Protected PROM/AAROM (Weeks 0-4)

### Early Phase 1 (Weeks 0-4)

- Sling full-time (except with therapy or when showering) for 4 weeks
- Patient will see therapist on post-op day #1 (in hospital) to learn:
    - **Pendulums** as tolerated
    - **Passive supine forward elevation** as tolerated
        - Begin PROM in supine position with rotator cuff repairs for good scapular stabilization
    - **Gentle ER in scapular plane** to available PROM (no more than 30°)
- Begin Outpatient Therapy at 10-14 days post-op
- **Cryotherapy** (+ other soft tissue modalities): For swelling, pain and inflammation
- Supine forward flexion (initially PROM, progress to AAROM as tolerated)
- AROM of elbow, wrist, hand and neck
- Begin scapular isometrics (scapular sets – primarily retraction)
- Work on PROM in all planes (except limit ER to 30°, NO extension)
- NO weight-bearing on operative extremity for first 3-4 weeks
- NO Pulley exercises until after Week 3-4

### Late Phase 1 (Week 4)

- **Sling:** Worn only when sleeping, wean during the day over Week 4
- Begin and progress from PROM to gentle **active-assisted ROM** as tolerated
    - Focus on assisted forward flexion<120°, ER<30° and Abd<45° in plane of scapula

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## PHASE 2: AAROM/AROM (Weeks 5-8)

- Improve **PROM and AAROM** gradually into full ER in neutral, elevation<140°, IR as tolerated
- **Discontinue sling after Week 4:** Encourage natural arm swing
- **Begin AROM:** Initiate glenohumeral joint mobility primarily in elevation
    - Begin AROM exercise against gravity in elevation, ER, IR behind back and abduction
    - Avoid PROM with stretching in adduction past neutral, IR behind back & flexion> 120°
    - Also avoid PROM/stretching with combined ER and abduction
- Encourage increased functional use of arm for ADLs
- **Begin pulleys** for forward elevation in plane of scapula (as long as > than 90° PROM)
- Begin sub-maximal deltoid isometrics (anterior, lateral & posterior) in neutral (at Week 8)
- Begin scapular strengthening exercises as appropriate (at Week 8)
- Begin assisted horizontal adduction
- Gentle glenohumeral & scapulothoracic joint mobilization, rhythmic stabilization

## PHASE 3: AROM/Strengthening (Weeks 9-13+)

- Progress AROM exercise and continue PROM/stretch as needed.
- Continue to improve glenohumeral joint mobility in elevation and ER
- **Continue Strengthening**: Focus on **deltoid muscle balance** and **functional strength**
    - Utilize pool exercise program, low resistance T-band or light weights
    - Include teres minor and subscapularis (if intact per surgeon op report) strengthening
    - Progress from **submaximal isometrics** to **limited-range** to **full-range isotonics**
    - Resistive exercise below shoulder height encouraged
    - ER strength typically somewhat compromised due to underlying cuff dysfunction. Avoid overload of teres minor when strengthening.
- Maximize strength of shoulder girdle and upper extremity for light daily ADLs
- NO weight-lifting above shoulder height or lifting with weight>10 lbs (unless instructed by surgeon)
- Avoid forceful AAROM in flexion>140°, ER>45°, IR behind body, horizontal adduction past neutral.

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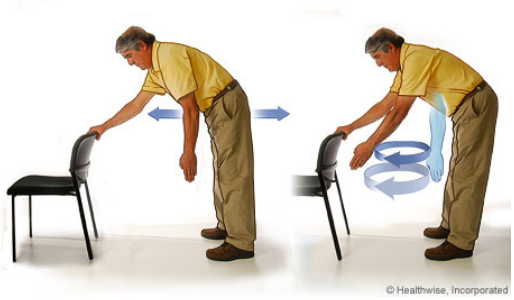
## SAMPLE EXERCISES

1) **Passive Supine Flexion/Forward Elevation:** Lie on your back. Grasp wrist with non-op hand and passively raise operative arm overhead. Aim to get to 90° by 3 weeks. In week 4, progress to 120°. Then full ROM after 6 weeks. Keep elbow bent and relaxed. Repeat 10 reps, 2-3 times/day

2) **Passive Pendulum Exercise**: Hold onto a chair back with non-op hand and bend forward. Let the operative arm hang down passively. Use body to passively swing arm: Forward, backward, side to side and in small circles. Repeat throughout the day as tolerated

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