

Physical Therapy Protocol – Reverse Shoulder Arthroplasty

Diagnosis: R / L Reverse Shoulder Arthroplasty

Date of Procedure: _____

Frequency: 2-3 Times Per Week for ____ weeks, starting 2 weeks following surgery

Phase I – Immediate Post-Surgical Phase/Joint Protection (Day 1-6 weeks):

- Goals:
 - Patient and family independent with:
 - Joint protection
 - Passive range of motion (PROM)
 - Assisting with putting on/taking off sling and clothing
 - Assisting with home exercise program (HEP)
 - Cryotherapy
 - Promote healing of soft tissue / maintain the integrity of the replaced joint.
 - Enhance PROM.
 - Restore active range of motion (AROM) of elbow/wrist/hand.
 - Independent with activities of daily living (ADL's) with modifications.
 - Independent with bed mobility, transfers and ambulation or as per pre-admission status.
- Phase I Precautions:
 - Sling is worn for 4 weeks postoperatively.
 - While lying supine, the elbow should be supported by a pillow or towel roll to avoid shoulder extension. Patients should be advised to *“always be able to visualize their elbow while lying supine.”*
 - No shoulder AROM.
 - No lifting of objects with operative extremity.
 - No supporting of body weight with involved extremity.
- Keep incision clean and dry (no soaking/wetting for 2 weeks); No whirlpool, Jacuzzi, ocean/lake wading for 6 weeks.
- **Acute Care Therapy (Day 1 to 4):**
 - Begin PROM supine
 - Forward flexion and elevation in the scapular plane in supine to 90 degrees.
 - External rotation (ER) in scapular plane to available ROM as indicated by operative findings. Typically around 20-30 degrees.
 - No Internal Rotation (IR) range of motion (ROM).
 - Active/Active Assisted ROM (A/AAROM) of cervical spine, elbow, wrist, and hand.
 - Begin periscapular sub-maximal pain-free isometrics in the scapular plane.
 - Continuous cryotherapy for first 72 hours postoperatively, then frequent application (4-5 times a day for about 20 minutes).
 - Ensure patient is independent in bed mobility, transfers and ambulation
 - Ensure proper sling fit/alignment/ use.
 - Instruct patient in proper positioning, posture, initial home exercise program
 - Provide patient/ family with written home program including exercises and protocol information.
- **Day 5 to 21:**
 - Continue all exercises as above.
 - Begin sub-maximal pain-free ***deltoid isometrics in scapular plane*** (avoid shoulder extension when isolating posterior deltoid.)
 - Frequent (4-5 times a day for about 20 minutes) cryotherapy.
- **3 Weeks to 6 Weeks:**
 - Progress exercises listed above.
 - Progress PROM:
 - Forward flexion and elevation in the scapular plane in supine to 120 degrees.
 - ER in scapular plane to tolerance, respecting soft tissue constraints.
 - Gentle resisted exercise of elbow, wrist, and hand.
 - Continue frequent cryotherapy.
 - Discontinue sling at 4 weeks
- **Criteria for progression to the next phase (Phase II):**

- Tolerates shoulder PROM and isometrics; and, AROM- minimally resistive program for elbow, wrist, and hand.
- Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature in the scapular plane.

Phase II – Active Range of Motion / Early Strengthening Phase (Week 6 to 12):

- Goals:
 - Continue progression of PROM (full PROM is not expected).
 - Gradually restore AROM.
 - Control pain and inflammation.
 - Allow continued healing of soft tissue / do not overstress healing tissue.
 - Re-establish dynamic shoulder and scapular stability.
 - Continue to Avoid Shoulder Hyperextension
- Precautions:
 - In the presence of poor shoulder mechanics avoid repetitive shoulder AROM exercises/activity.
 - Restrict lifting of objects to no heavier than a coffee cup.
 - No supporting of body weight by involved upper extremity.
- **6 Weeks:**
 - Continue PROM program
 - At 6 weeks post op start PROM IR to tolerance (not to exceed 50 degrees) in the scapular plane.
 - Begin shoulder AA/AROM as appropriate.
 - Forward flexion and elevation in scapular plane in supine with progression to sitting/standing.
 - ER and IR in the scapular plane in supine with progression to sitting/standing.
 - Begin gentle glenohumeral IR and ER sub-maximal pain free isometrics.
 - Initiate gentle scapulothoracic rhythmic stabilization and alternating isometrics in supine as appropriate. Begin gentle periscapular and deltoid sub-maximal pain free isotonic strengthening exercises, typically toward the end of the 8th
 - Progress strengthening of elbow, wrist, and hand.
 - Gentle glenohumeral and scapulothoracic joint mobilizations as indicated (Grade I and II).
 - Continue use of cryotherapy as needed.
 - Patient may begin to use hand of operative extremity for feeding and light activities of daily living including dressing, washing.
- **9 Weeks:**
 - Continue with above exercises and functional activity progression
 - Begin AROM supine forward flexion and elevation in the plane of the scapula with light weights (1-3lbs. or .5-1.4 kg) at varying degrees of trunk elevation as appropriate. (i.e. supine lawn chair progression with progression to sitting/standing).
 - Progress to gentle glenohumeral IR and ER isotonic strengthening exercises in sidelying position with light weight (1-3lbs or .5-1.4kg) and/or with light resistance resistive bands or sport cords.
- Criteria for progression to the next phase (Phase III):
 - Improving function of shoulder.
 - Patient demonstrates the ability to isotonicly activate all components of the deltoid and periscapular musculature and is gaining strength.

Phase III – Moderate Strengthening Phase (Week 12 +):

- Goals:
 - Enhance functional use of operative extremity and advance functional activities.
 - Enhance shoulder mechanics, muscular strength and endurance.
- Precautions:
 - No lifting of objects heavier than 2.7 kg (6 lbs) with the operative upper extremity
 - No sudden lifting or pushing activities.
- **Week 12 to Week 16**
 - Continue with previous program as indicated
 - Progress to gentle resisted flexion, elevation in standing as appropriate.

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

- Typically, the patient is on a home exercise program at this stage to be performed 3-4 times per week with the focus on:
 - Continued strength gains

Jourdan M. Cancienne, M.D.

Orthopaedic Surgery Sports Medicine, Cartilage Restoration, and Shoulder
Southern Orthopaedic Specialists
2731 Napoleon Ave, New Orleans, LA 70115
(504) 897-6351



- Continued progression toward a return to functional and recreational activities within limits as identified by progress made during rehabilitation and outlined by surgeon and physical therapist.
- **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.)
 - Typically able to complete light household and work activities.