

REVERSE TOTAL SHOULDER ARTHROPLASTY POST OPERATIVE PROTOCOL

| | Time Frame (Weeks) | Guidelines | Goals |
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| PHASE I | 0 to 6 | <p>SLING: x 6 weeks ROM: PROM as instructed by MD</p> <p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Ice and modalities to reduce pain and inflammation • Cervical ROM, basic deep neck flexor activation (chin tucks) • Instruct on proper head neck and shoulder (HNS) alignment. • Active hand and wrist range of motion. • Biceps PROM/AAROM • Active shoulder retraction • PROM <ul style="list-style-type: none"> ◊ Flexion: 0°-90° (wks 0-2), 0°-120° (wks 2-4), then to full ◊ External rotation: 0° (wks 0-2), 30° at 0°/30° abduction (wks 2-4), 45° at 0°/45 abduction (wks 4-6), full as tolerated after week 6 ◊ Internal rotation: No IR until 6 weeks post-op • Walks, low intensity cardio exercise to promote healing. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM – global shoulder and CT junction. • Scar tissue mobilization when incisions are healed. • Graded GH mobilizations. • ST mobilizations. | <ul style="list-style-type: none"> • Reduce inflammation • Decrease pain • Postural education • PROM as instructed |
| PHASE II | 6 to 8 | <p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Progress to full range of motion flexion and external rotation as tolerated. Use a combination of wand, pulleys, wall walks or table slides to ensure compliance. • Gradual introduction to internal rotation using shoulder extensions (stick off back). • Serratus activation; Ceiling punch (weight of arm) many initially need assistance. • Scapular strengthening – prone scapular series (rows and l's). Emphasize scapular strengthening under 90°. • External rotation on side (no resistance). • Gentle therapist directed CR, RS and perturbations to achieve ROM goals. • Cervical ROM as needed to maintain full mobility. • DNF and proper HNS alignment with all RC/SS exercises. • Low to moderate cardiovascular work. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM – global shoulder and CT junction. • Scar tissue mobilization. • Graded GH mobilizations. • ST mobilizations. • Gentle CR/RS to gain ROM while respecting repaired tissue. | <ul style="list-style-type: none"> • Discontinue sling. • Gradual return to full ROM. • Postural education. • Focus on posterior chain strengthening. |

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| PHASE III | 8 to 12 | <p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Passive and active program pushing for full flexion and external rotation. • Continue with stick-off-back progressing to internal rotation with thumb up back and sleeper stretch. • Add resistance to ceiling punch. • Sub-maximal rotator cuff isometrics (no pain). • Advance prone series to include T's. • Add rows with weights or bands. • Supine chest-flys providing both strength and active anterior shoulder stretch. • Supine (adding weight as tolerated) progressing to standing PNF patterns. • Biceps and triceps PRE. • Scaption; normalize ST arthrokinematics. • 10 weeks: add quadruped or counter weight shift. Therapist directed RS and perturbations in quadruped – bilateral progressing to unilateral-tri pod position. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns. | <ul style="list-style-type: none"> • Gradual progression ROM all planes as tolerated. • Normalize GH/ST arthrokinematics. • Activate RC/SS with isometric and isotonic progression. • Continue to emphasize posterior chain strengthening but introduce anterior shoulder loading. |
| PHASE IV | 12 to 20 | <p>EXERCISE PROGRESSION</p> <ul style="list-style-type: none"> • Emphasize terminal stretching though available ROM. • Patient health, physical condition and goals/objectives will determine if strengthening at or above 90° is appropriate. • Continue with closed chain quadruped perturbations. Patient overall condition, strength, goals and objectives determine additional advancement. • Follow-up examination with the physician (6 months) for release. <p>MANUAL INTERVENTION</p> <ul style="list-style-type: none"> • STM and Joint mobilization to CT junction, GHJ and STJ as needed. • CR/RS to gain ROM while respecting repaired tissue. • Manual perturbations. • PNF patterns. | |