For Sports Medicine & Orthopaedics

Because Life Happens In Motion

Reverse Total Shoulder Arthroplasty (rTSA) Rehabilitation Protocol:

Patient Name:_____

DOS:_____

Notes:

- Physician incision approach is important in rTSA rehab. rTSA is typically performed by deltopectoral approach which minimizes trauma to the anterior deltoid. Some surgeons perform rTSA by superior approach by retracting the anterior deltoid from the anterior lateral one-third of the clavicle. If superior performed, deltoid activity is contraindicated and the rehab protocol may be delayed.
- Concomitant procedures performed may include:
    - Latissimus transfer for significantly weak (functionally silent external rotators).
- Expect weakness of External Rotators with either rTSA approach
- May be loss of IR depending on stability

Shoulder Dislocation Precautions

Precautions should be implemented for the first 12 wks postoperatively unless surgeon specifically advises patient or therapist differently:

- No combined shoulder add/ext/IR (behind back)
- No glenohumeral (GH) joint extension beyond neutral

Phase I: Immediate Postsurgical Phase, Joint Protection Day 1 to Week 6

Goals:

- Promote healing of soft tissue/maintain the integrity of the replaced joint
- Prevent tear of rotator cuff remnant
- Avoid fixation failure
- Avoid stress fracture
- Enhance PROM
- Restore active range of motion (AROM) of elbow/wrist/hand
- Independent with activities of daily living (ADLs) with modifications

Precautions

- Sling is worn for 3-6 wk postoperatively as directed by physician
- While lying supine, the distal humerus/elbow should be supported by a pillow or towel roll to avoid shoulder extension.
- No shoulder AROM
- No lifting of objects greater than 1 lb with operative extremity
- No supporting of body weight with involved extremity

Week 1:_____

- Teach pt to avoid position of dislocation: Extension/IR
- Begin PROM in supine
    - -Forward flexion and elevation in the scapular plane in supine to 90°
    - External rotation (ER) in scapular plane to 30 being sensitive to end feel
    - No IR PROM
- AROM of cervical spine, elbow, wrist, and hand

Week 2_____

- Continue all exercises as above. Add
    - Table walks
    - Pendulum/Codman's
    - Shrugs
    - Scapular Retractions avoiding shoulder extension
    - Resisted wrist exercises
    - Gripping exercises

Weeks 3 to 6_____

• Progress exercises listed above
• Progress PROM
  - Forward flexion and elevation to 120°
  - ER in scapular plane to tolerance being sensitive to end feel
  - At 6 wk postoperatively start PROM IR to 50° being sensitive to end feel in the scapular plane
• Gentle resisted exercise of elbow

Phase II: AROM, Early Strengthening Phase

Weeks 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 stability

Precautions

• Continue to avoid shoulder hyperextension
• In the presence of poor shoulder mechanics, avoid repetitive shoulder AROM exercises/activity
  - No supporting of body weight by involved upper extremity

Weeks 6 to 8_____

• progress previous PROM program and ther-ex program
• Begin shoulder AAROM/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 GH IR and ER submaximal pain-free isometrics• Initiate gentle rhythmic stabilization in supine

Weeks 9 to 12_____

• Continue with above exercises and functional activity progression
• Begin light isotonic exercises for GH and scapulothoraic musculature not to exceed 3 lbs

Phase III: Moderate Strengthening

Week 12+_____

Goals

• Enhance functional use of operative extremity and advance functional activities
• Enhance shoulder mechanics, muscular strength, power, and endurance

Precautions

• No lifting of objects heavier than 6 lb with the operative upper extremity
• No sudden lifting or pushing activities

Weeks 12+_____

• Continue with the previous program as indicated
• Progress to gentle resisted flexion, elevation in standing as appropriate

Revised 4/2/12