# Orthopaedic Associates of Zanesville Dr. Steven Kimberly

### Rehabilitation Guidelines for Reverse Total Shoulder Arthroplasty

The intent of this protocol is to provide the clinician with a general guideline of the post-operative course of the patient that has undergone the above stated procedure. It is by no means intended to substitute for one's clinical decision making regarding the progression of a patient's postoperative course based on their physical exam findings, individual progress, and/or the presence of possible post-operative complications. If a clinician requires assistance in the progression, please contact the referring surgeon's office.

## 0-6 Weeks:

- Immobilization: Sling may be removed for therapeutic exercises and bathing. May be discontinued as symptoms allow, as soon as week 1
- Motion exercises: Pendulum exercises, elbow and wrist range-of-motion exercises, and grip strengthening. PROM to AAROM as tolerated
- PROM goals for Week 1: 120° FF/20° ER at side; ABD max 75° without rotation
- PROM goals for Week 2: 140° FF/40° ER at side; ABD max 75° without rotation
- Canes/pulleys OK if advancing from PROM
- Heat before PT, ice after PT
- Restrictions: No active internal rotation or backward extension

#### **6-12 Weeks:**

- Immobilization: Sling should already be discontinued
- Motion exercises: Shoulder passive range of motion, advancing to active-assisted range of motion, and finally active range of motion with a goal of active forward flexion to 90° and external rotation of 20°
- Begin AAROM / AROM for internal rotation and backwards extension as tolerated, if not already begun. Scapular retraction exercises to neutral
- Goals: Increase ROM as tolerated with gentle passive stretching at end ranges
- Strengthening exercises: Light, resisted forward flexion, external rotation, and abduction, limited to isometric exercises and therapy bands with concentric motions only; continue grip strengthening
- Restrictions: No resisted internal rotation or backward extension

#### >12 Weeks:

- Motion exercises: Increase range-of-motion exercises to achieve full motion, with passive stretching at end ranges
- Strengthening: Begin resisted, internal rotation and backwards extension initially with isometric exercises advancing to light therapy bands and then weights. Advance other shoulder strengthening exercises to include the rotator cuff, deltoid, and scapular stabilizers. Advance to functional strengthening, including plyometric exercises and core strengthening.