

Protocol for:

- **Reverse Total Shoulder Replacement**

Wear Sling for 2 weeks

- Come out of sling to move elbow, wrist, and hand (3 x daily)

Be careful not to use the arm to push out of a chair or bed (shoulder in internal rotation, extension and adduction)

Return to Activities:

•Computer •Eating •Holding a book •Typing •Writing	Immediately
• Golf, Tennis	4 Months

Rehab:

Phase 0	Week 0-1	<ul style="list-style-type: none"> • Encourage ambulation one day after surgery • Wear sling while out in public and sleeping for 2 weeks • Remove sling daily to move elbow, wrist and hand • Remove sling to eat, write, get dressed and shower
Phase I (Passive ROM)	Weeks 1 -2	<ul style="list-style-type: none"> • Start formal PT at 1 week. This early phase of passive motion is designed to regain forward flexion and prevent post-op stiffness • Pendulums to warm up • Passive ROM <ul style="list-style-type: none"> ○ Supine ER to 30 ○ Supine FF to 140 ○ IR to abdomen • May progress to active assisted ROM <ul style="list-style-type: none"> ○ Patients should lie on their back and use opposite hand to raise their operative arm up overhead
Phase II (Active/Assistive)	Weeks 2-6	<ul style="list-style-type: none"> • Pendulums to warm up • Active Assistive ROM with Passive stretch to: <ul style="list-style-type: none"> ○ ER 30, FF 140, IR to Abdomen • Patient should continue to work with therapist on regaining active ROM and therapist will work with the patient on regaining normal scapulohumeral rhythm. • The assistance of a cane or pulleys to help with FF and ER can be used. IR is not a focus and should be avoided • “Walk the wall” exercises should be done everyday at home. The goal is to work up to 3 sets of 10,

		<p>3 times a day. You may use opposite hand to facilitate this exercise in the beginning.</p> <ul style="list-style-type: none"> • Goal is to have patient place their hand on head or achieve at least 90 degrees of FF by 6 weeks post-op. Most patients can achieve higher than this.
Phase III (Resisted)	Weeks 6-12	<ul style="list-style-type: none"> • Therapy is typically placed on “hold” • Patients will strengthen their shoulder on own by doing their daily “normal” activities. <u>* Too much weight too soon can cause an acromial stress fracture *</u> • Avoid Thera-Bands!!!! • Continue stretching and ROM exercises on own as instructed by therapist • Patients may use 1-2 lbs. (soup can) to strengthen their shoulder <ul style="list-style-type: none"> ○ Lie on back holding soup can and raise over your head ○ Then, do same activity while standing

ROM – Range of Motion

ER – External Rotation

FF – Forward Flexion

IR – Internal Rotation

PRE's – Progressive Resistance Exercises