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**Updated 2021**

Attention Therapists: I welcome any feedback that you have regarding the treatment of our patients. This protocol provides you with general guidelines for rehabilitation of my patients undergoing a reverse total shoulder arthroplasty. Specific changes may be made as appropriate for the individual patient. Long term it is recommended to avoid most athletic type activities and other strenuous use of the shoulder.

## **Therapy Protocol – Reverse Total Shoulder Surgery**

### **RECOMMENDATIONS**

- No driving until 6 weeks post surgery
- Sling should be worn 20 hrs/day x 4 weeks; nighttime between 4-6 weeks
- Patients **may** use arm for activities from the **mouth down** (eating, brushing teeth, typing) while keeping elbow adducted at side
- Patients **may not** use arm for activities from the **ear up** (holding telephone, combing hair, reaching up) until 6 weeks post-op

### **Phase 1: Week 0-4**

Sling at rest, may remove when sitting/eating

Ice prn, may wean as tolerated

Elbow, wrist, hand exercises

Edema control prn

Simple deltoid isometrics twice daily, abduction only, no rotation

Eating, writing, limited computer use when tolerated, unless instructed otherwise

If pain is controlled and progressing well, gentle PROM okay to start slowly (ER to 20 and elevation to 120 MAX)

## **Phase 2: Week 5-6**

Sling at rest, may remove when sitting/eating

Ice prn, may wean as tolerated

May begin gentle PROM (ER to 20 and elevation to 120 MAX)

Pendulums

Easy isometric exercises: abduction, ER, extension, flexion

Subscapularis precautions: No active internal rotation at any position

Avoid position of arm extension

Elbow, wrist, hand exercises

Edema control prn

Eating, writing, limited computer use when tolerated, unless instructed otherwise

Scapular stabilization exercises

**\* No deep tissue massage \***

## **Phase 3: Week 7-10**

Wean from sling

Continue above

Progress to full AROM/AAROM/PROM in all planes (perform PROM supine to enhance relaxation, not aggressive)

Progress to active assisted ROM in the supine position, with exception of internal rotation

Gradual progress of exercises in supine to vertical position

Gradual progression of forward elevation to full passively within pt tolerance

Include wand exercises

Begin active internal rotation

Begin PRE's within pt tolerance, except subscapularis

Isotonic exercises beginning without weight, progressing within pt tolerance to PRE's, starting 2-4 oz. and increasing incrementally as tolerated

Topical massage prn

**\* No strengthening of subscapularis until 12 wks post surgery \***

**Phase 4: Week 11-16**

Continue full strengthening and stretching program

**Phase 5: Week 20-28**

Return to full functional activities.

*Questions regarding any patient are encouraged, and should be directed to Dr. Goldberg 239-348-4253*