Northwest Ohio Orthopedics and Sports Medicine
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NWO Therapy Department

Rehabilitation Guidelines for Reverse Total Shoulder

The intent of this protocol is to provide the clinician with a guideline to establish and progress a patient through post operative rehabilitation. It is not intended to be a substitute for one's clinical decision making. The plan of care should be based upon the patients clinical exam and individual goals. Prior to initiation of interventions the therapist needs to check with the surgeon/operative report regarding progression. The therapist needs to take into consideration multiple patient characteristics including comorbidities, age, goals, andexpectations. The therapist should also consider the surgical approach, bone/tissue quality, previous fracture, and surgeon assessment of surgical repair. Based upon these variables, wide variations of progressions and patient outcomes may exist, however the following is a basic guideline that can be used to reference.

- Notify the surgeon ***immediately*** of any concerns for infection, edema, or significant variation in expected progression/outcomes.

- **Precautions:**
  - Dislocation precautions (12 weeks)
    - No shoulder motion behind back (i.e. no combined shoulder adduction, internal rotation, extension)
    - No glenohumeral rotation beyond neutral
    - No traction/weightbearing on post operative arm

- **Phase I: 0-6 weeks**
  - **Goals:**
    - Maintain integrity of prosthesis
    - Decrease pain and inflammation
    - Promote healing
    - Patient education of precautions and progressions

  - **Precautions:**
    - No active range of motion
    - No quick movements
    - No lifting of objects
    - No supporting body weight by hands
    - Keep incisions dry and clean (2 weeks)
    - Continue with sling
    - When lying supine/semi-reclined the humerus/elbow should be supported by a pillow to avoid shoulder extension.

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- **0-6 weeks**
  - Pendulum exercises
  - Elbow/wrist/hand range of motion and grip strengthening
  - May remove sling for exercises and bathing

❖ **Phase II: 6-12 weeks**

- **6-12 weeks**
  - Initiate passive range of motion (non aggressive)
    - Flexion goal of 120 degrees, No internal rotation behind back, External rotation limited to 20 degrees
  - Initiate active assistive and active range of motion with goal of 90 degrees flexion and 20 degrees external rotation
  - Initiate isometrics into flexion, abduction, and external rotation
  - Light resistance with therabands (10-12 weeks)
  - Continue to avoid resisted internal rotation or extension beyond neutral

❖ **Phase III: 12+ weeks**

- **12+ weeks**
  - Increase/advance passive range of motion
  - Increase/advance active range of motion
  - Initiate resistance into internal rotation and extension
  - Increase/advance resistance
    - Not aggressive
  - Functional activities based upon patient needs

❖ Each patient is an individual and should be treated as such. Work together with the referring orthopedic for optimal patient outcome.

References:

Reverse total shoulder arthroplasty: optimizing outcomes. Presentation by Kim Kraft, PT, DPT, CHT given on 7-14-14.

Reverse total shoulder arthroplasty protocol. The Brigham and Women's Hospital, Inc. Department of Rehabilitation Services. 2011.

Rehabilitation protocol written by Brian Cohen, MD (Chillicothe, Ohio) (full reference not available).

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