

REVERSE TOTAL SHOULDER ARTHROPLASTY CLINICAL PRACTICE GUIDELINES



Rehabilitation Precautions

- Sling use for 6 weeks
- No internal rotation, cross body adduction, or extension x 12 weeks
- Forward elevation in SCAPTION only
- No stretching into pain
- Caution with end range motion – Do NOT push hard into end ranges
- No supporting of body weight by hand on involved side (for example, pushing up from a chair) x 12 weeks
- No driving for six weeks
- Jogging may begin at 12 weeks
- Long Term:
 - No push ups or bench press
 - 15lb limit below shoulder height
 - 10lb limit above shoulder height

Phase I: Post-operative - 2 weeks

- Continue home program including wrist/hand, pendulums, and shoulder blade squeezes

Phase II: Weeks 2-4

ROM	<ul style="list-style-type: none">• Continue all exercises as above• Frequent cryotherapy application – 4-5 times a day for 15 to 20 minutes• NO SHOULDER IR, ADDUCTION, EXTENSION OR CROSS BODY MOVEMENT
Strengthening	<ul style="list-style-type: none">• Begin submaximal pain-free deltoid isometrics in scapular plane (avoid shoulder extension when isolating posterior deltoid)
Goals to progress	<ul style="list-style-type: none">• Enhance PROM• Restore active range of motion (AROM) of elbow/wrist/hand• Independent with activities of daily living (ADLs) with modifications

Phase III: weeks 4-6

ROM	<ul style="list-style-type: none"> • Progress PROM • Forward scaption in supine to 120° • ER in scapular plane to tolerance, respecting soft tissue constraints (30-45°) • Continue frequent cryotherapy • NO SHOULDER IR, ADDUCTION OR CROSS BODY MOVEMENT
Strengthening	<ul style="list-style-type: none"> • Gentle resisted exercise of elbow, wrist, and hand • Discontinue use of sling at six weeks
Goals to progress	<ul style="list-style-type: none"> • Patient tolerates shoulder PROM as outlined above • Patient tolerates elbow, wrist and hand AROM • Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature in the scapular plane

Phase IV: Weeks 6-10

Precautions	<ul style="list-style-type: none"> • Continue to avoid shoulder hyperextension • In the presence of poor shoulder mechanics avoid repetitive shoulder AROM exercises/activity • Restrict lifting of objects to no heavier than a coffee cup • No supporting of body weight by involved upper extremity
ROM	<ul style="list-style-type: none"> • Begin shoulder active assisted ROM/AROM progressing from supine to seated as tolerated in scaption, and ER in scapular plane • Gentle glenohumeral and scapulothoracic joint mobilizations as indicated (Grades I and II) • Patient may begin to use hand of involved extremity for feeding and light ADLs • Continue use of cryotherapy as needed • NO SHOULDER IR, ADDUCTION, EXTENSION OR CROSS BODY MOVEMENT
Strengthening	<ul style="list-style-type: none"> • Progress strengthening of elbow, wrist, and hand • Begin gentle glenohumeral ER submaximal pain-free isometrics • Initiate gentle scapulothoracic rhythmic stabilization and alternating isometrics in supine as appropriate. • Begin gentle periscapular and deltoid submaximal pain-free isotonic strengthening exercises, typically toward the end of the eighth week
Goals to progress	<ul style="list-style-type: none"> • Continue progression of PROM (full PROM is not expected) • Gradually restore AROM • Control pain and inflammation • Re-establish dynamic shoulder stability

Phase V: Weeks 10-12

ROM	<ul style="list-style-type: none"> Continue with above exercises and functional activity progression NO SHOULDER IR, ADDUCTION OR CROSS BODY MOVEMENT
Strengthening	<ul style="list-style-type: none"> Begin supine forward flexion scaption with light weights of 1-3 pounds at varying degrees of trunk elevation as appropriate (ie, supine to sitting/standing) Progress to gentle glenohumeral ER isotonic strengthening exercises
Goals to progress	<ul style="list-style-type: none"> Improving function of shoulder Patient demonstrates the ability to isotonicly activate all components of the deltoid and periscapular musculature and is gaining strength

Phase VI: Weeks 12+

Precautions	<ul style="list-style-type: none"> No lifting of objects heavier than six pounds with the operative upper extremity No sudden lifting or pushing activities
ROM	<ul style="list-style-type: none"> Continue to maintain gains Begin progressing IR as tolerated
Strengthening	<ul style="list-style-type: none"> Continue with the previous program as indicated Progress to gentle resisted flexion, elevation in standing as appropriate Typically the patient is on a HEP at this stage, to be performed 3-4 times per week, with the focus on: <ul style="list-style-type: none"> Continued strength gains Continued progression toward a return to functional and recreational activities within limits, as identified by progress made during rehabilitation and outlined by surgeon and physical therapist
Criteria for Discharge	<ul style="list-style-type: none"> Patient is able to maintain pain-free shoulder AROM (typically 80°-120° of elevation, with functional ER of about 30°) Patient demonstrates proper shoulder mechanics