LAKE COOK
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Reverse Shoulder Replacement

Post-Operative Rehabilitation Protocol

Lake Cook Orthopedics

The intent of this protocol is to provide the clinician with a guideline for the postoperative rehabilitation course of a patient that has undergone a reverse total shoulder arthroplasty. This protocol is no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring surgeon.

Phase 1:

Time Frame: 0-6 weeks

Immobilization: Sling / Immobilizer / brace x 4 weeks

Goal: Allow for tissue healing, reduce pain and inflammation, and maintain integrity of replaced joint.

Restrictions: Avoid combined shoulder adduction, IR and extension – at risk position for shoulder dislocation (i.e. pushing up from chair, tucking in shirt)

Exercises: Gripping exercises, elbow, wrist and finger ROM. Gentle shoulder PROM with progression to AAROM. FF and abduction to tolerance. ER in scapular plain only respecting soft tissue constraints. IR to tolerance, not to exceed 50° in scapular plane.

Phase 2:

Time Frame: 6-12 weeks

Immobilization: None

Goal: Restore PROM, gradually restore AROM, and allow for continued healing of soft tissue structures, re-establish shoulder stability.

Restrictions: Avoid shoulder hyper-extension, avoid pain, gradually advance rehab program.

Exercises: Gradually increases ROM exercises advancing to AROM. Begin GH and ST joint mobilization, as indicated. Begin conservative scapular strengthening exercises. Begin sub-maximal isometrics. Modalities used as needed.

Phase 3:

Time Frame: 12-16 weeks

Immobilization: None

Goal: Restore AROM; optimize neuromuscular control, gradual return of functional mobility and strength.

Restrictions: Exercise advancement should be gradual and in slow increments while avoiding pain. If patient develops pain, drop back to early phase of rehabilitation, until pain free.

Exercises: Continue with shoulder PROM and AROM. Initiate functional IR stretching behind back (avoid excessive stress on the anterior capsule). Begin and progress functional activities. Begin and progress resistive activity for all ranges.

Phase 4:

Time Frame: 16+ weeks

Immobilization: None

Goal: Maintain improved AROM from pre-surgical status; enhance functional use of upper extremity, improved strength, power and endurance.

A reverse TSA should result in significant improvement from pre-surgical status. However, a reverse TSA is not expected to result in normal shoulder ROM, strength and function. It is common for patients to continue to have deficits in particular on active ER

Restrictions: No specific restrictions. Patients ROM, strength and endurance should be advanced progressively while avoiding pain.

Exercises: Progressive resisted exercises using bands, weights, cords, UE weight bearing activity. Independence with HEP for continued self-management.