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Rehabilitation Protocol Reverse Total Shoulder Arthroplasty

Phase I: Advance ROM (0 to 6 weeks)

- a. Leave dressing in place until follow-up (can shower over dressing).
 - b. Sling should be worn at night and when out of house. May remove the sling during the day.
 - c. Do not lift anything great than 2 to 3 lbs with the involved hand.
- 1) Initiate exercise program 3 times per day immediately:
- Immediate elbow, forearm and hand AROM
 - Pendulums
 - Passive, Active and Active AAROM - CPM or pulleys into scapular plane elevation to 130, ER to 30
 - Supine AAROM into flexion and ER with above limits
 - Emphasize home program
 - Limit ER to tolerance - light stretching only
 - No resisted IR
 - Avoid extension of shoulder
 - Avoid reaching behind the back

Phase II: Advance strengthening (6 to 12 weeks)

- a. Discontinue sling at all times.
 - b. Lifting restriction of 10 pounds remains.
- Advance AROM and PROM as tolerated:
 - Progress AROM as tolerated. May progress stretching and PROM as tolerated in all planes including IR behind the back.
 - Advance home ROM program.
 - Start Strengthening
 - Gentle deltoid and cuff strengthening - emphasize ER and elevation.
 - Special Instructions: Avoid overhead strengthening of shoulder.
 - RSA patients are at risk for acromial stress fractures - strengthening progression should be slow.

Phase III: Advance activities (>12 weeks)

- Advance shoulder ER range of motion as tolerated.
- Advance shoulder and rotator cuff strengthening as tolerated.
- Incorporate low level functional activities at 3 months (swimming, water aerobics, light tennis, jogging).
- Start higher level activities at 4 months (tennis, light weight training and golf).

RETURN TO ACTIVITIES

Computer	As soon as tolerated
Driving	When no longer taking narcotics
Jogging	3 months
Light Swimming	3 months
Golf	4 months
Tennis	4 months
Weight training	4 months