

REVERSE TOTAL SHOULDER REPLACEMENT POST-OPERATIVE REHABILITATION PROGRAM

The goal of the rehabilitation process is to provide greater joint stability to the patient, while decreasing their pain and improving their functional status. The goal of the surgery & rehab (bone loss, muscle loss) is joint stability and less joint mobility. The key to the success of the rehabilitation following shoulder replacement is compliance to your exercise program.

Precautions: Should be implemented for the first 12 weeks following surgery- unless the surgeon specifically advises the patient differently.

- No shoulder motion behind back (back pocket motion)
- No excessive shoulder horizontal abduction
- No active external rotation behind head or neck
- No shoulder extension beyond the body

L PHASE ONE - IMMEDIATE PROTECTED MOTION PHASE (Week 0-6)

Goals: Allow early healing of capsule
Restore passive range of motion
Decrease shoulder pain
Retard muscular atrophy
Patient education

Weeks 0-2

Exercises:

- Sling during day and at night (worn for 4 weeks)
- Continuous Passive Motion (CPM)
- Passive Range of Motion
 - a. Flexion (0-60 degrees)
 - b. ER (at 30 degrees Abduction) 0 degrees
 - c. IR (at 30 degrees Abduction) 30 degrees
- Pendulum Exercises
- No active shoulder motion
- Elbow/Wrist AROM
- Gripping Exercises
- Isometrics
 - a. Abductors
 - b. ER/IR
- Cryotherapy for pain
 - * *When laying supine use pillow under arm to support glenohumeral joint*

Weeks 3-4

- Continue sling as needed
- Continue PROM
 - a. Progress flexion to 90 degrees
 - b. ER/IR at 30 degrees abd scapular plane
- May initiate AAROM IR/ER
- Pendulum exercise
- Rope and pulley week 3 to 4

- Continue isometric
 - a. Initiate rhythmic stabilization drills
- Continue use of ice

II. PHASE TWO - ACTIVE MOTION PHASE (Week 6-12)

Goals: Improve Shoulder Strength
Gradually progress Active/Passive Range of Motion
Decrease Pain/Inflammation
Increase Functional Activities
Do not over stress healing tissue

Weeks 6-8

Exercises:

- Progress PROM
 - a. Flexion to 90-115 degrees
 - b. ER/IR at 45 degrees abduction scapular plane
 - c. IR
- Progress AAROM ER/IR at 45 degrees abd
- **Do not aggressively push ROM into ER**
- Continue rope and pulley to tolerance
- Pendulum exercises
- Continue isometrics
 - a. ER/IR
 - b. Rhythmic stabilization
 - c. Initiate deltoid flexion/ext
- Ice as needed

Weeks 9-12

- Progress PROM to tolerance
 - a. Flexion to 120-125 degrees
 - b. ER/IR at 90 degrees abduction (goal is 45-50 degrees of ER motion)
 - c. ER/IR at 45 degrees abduction
- Progress AAROM to tolerance
 - a. ER/IR at 45 degrees abd
 - b. Initiate flexion supine L-bar
- Initiate AROM exercises
 - a. Sidelying flexion
 - b. Supine flexion
 - c. Sidelying ER
- Continue strengthening and stabilization
 - a. Tubing ER/IR
 - b. Supine ER
 - c. Standing full can
 - d. Prone exercise
 - e. Biceps
- May perform pool exercises
- Continue rhythmic stabilization
 - a. Supine flex/ext
 - b. Supine ER/IR

III. **PHASE THREE – MODERATE STRENGTHENING/ACTIVITY PHASE (WEEKS 12-16)**

Goals:

- Gradually increase PROM
- Initiate active light strengthening exercises
- Gradually initiate functional activities
- Continue precautions with excessive GH joint motion

Exercises:

- continue all exercises listed above
- Initiate light active ROM exercises
- Initiate fundamental shoulder program

IV. **PHASE IV – RETURN TO ACTIVITY PHASE (WEEKS 16- 26)**

- Initiation of this phase begins when patient exhibits:
 - 1) PROM: Flexion 0-145 degrees
ER (at 90 degrees Abduction) 33-55 degrees
IR (at 90 degrees Abduction) 45-55 degrees
 - 2) Strength level 4/5 for ER/IR/abd
- Note: Some patients will not be able to enter this phase

- Goals: Improve strength of shoulder musculature
Improve and gradually increase functional activities
Gradual restoration of functional activities
Independent home exercise program

Exercises:

- fundamental shoulder exercise program
 - May continue pool exercises
 - Should exercise daily
 - May initiate interval sport program (golf, swim) Physician must approve
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