

## Total Shoulder / Reverse Total Shoulder Replacement

### General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of postoperative care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

The following routine **Reverse Total Shoulder Precautions** should be observed at all time:

- 1. No horizontal adduction for 6 weeks**
- 2. No reaching behind the back for 10 weeks**
- 3. Recommend golfers hit only off of a tee for 1 year**

### PHASE I: (Immediate)

#### Week 1

##### Orthotics-

1. Velpeau-type shoulder immobilizer at all times except for exercises

##### Modalities (PRN)-

1. Ice post-activity throughout protocol for pain and inflammation
2. Electrical Stimulation
3. Pulsed, low frequency Ultrasound

##### ROM-

1. Wrist, Forearm, and Elbow Active/Passive ROM to full in all planes
2. Passive Shoulder ROM only
  - a. Flexion, extension, abduction, adduction, horizontal abduction/adduction as tolerated
    - i. Reverse Total shoulder – NO horizontal adduction for 6 weeks
  - b. Internal rotation as tolerated at 0° of abduction only
  - c. External rotation to 0° at 0° of abduction only

##### Exercises-

1. Active wrist, forearm, and elbow exercises, all planes
2. Hand grasping activities
3. Elbow and wrist Isometrics
4. Passive pendulum/codmans

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## PHASE II (Intermediate)

### Week 2 - 6

#### Orthotics-

1. May discontinue use of sling at night at **Week 3**
2. Discontinue use of sling at **Week 4**

#### Modalities (PRN)-

1. Continue Phase I modalities as needed

#### ROM-

1. Wrist, Forearm, and Elbow Active/Passive ROM to full in all planes
2. Shoulder Passive and Active Assistive ROM only
  - a. Flexion, extension, abduction, adduction, horizontal abduction/adduction as tolerated
    - i. Reverse Total shoulder – NO horizontal adduction for 6 weeks
  - b. Internal rotation as tolerated in scapular plane only
  - c. External rotation to 20° in scapular plane only

#### Exercises-

1. Continue to progress Phase I exercises as tolerated
2. Shoulder Isometrics (Sub-maximal, Sub-painful)
  - a. Flexion, extension, abduction, adduction, external rotation
  - b. May start Isometric Internal Rotation at **Week 6**
3. Light scapulo-thoracic stabilization exercises
4. Active Assistive ROM exercises
  - a. Start in supine, progress to sitting/standing
5. Overhead pulleys
6. Elbow / Wrist progressive resistance exercises as tolerated
7. Aquatics for Passive and Active Assistive ROM

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## PHASE III (Strengthening)

### Week 7 - 12

#### Orthotics-

1. None

#### Modalities (PRN)-

1. Continue Phase I modalities as needed

#### ROM-

1. Shoulder Active / Passive ROM
  - a. Flexion, extension, abduction, adduction, horizontal abduction/adduction as tolerated
  - b. Internal rotation as tolerated from 0° to 45° of abduction
  - c. External rotation to 45° as tolerated from 0° to 45° of abduction

#### Exercises-

1. Continue to progress Phase II exercises as tolerated
2. Progress to Active shoulder ROM
3. Initiate resistive scapular strengthening
4. Shoulder progressive resistance exercises at **Week 10**
  - a. Light resistance initially, may start with 2-8 oz weight
  - b. High repetitions, low resistance
  - c. Be sure to watch control and limit / prevent scapular substitution
5. Progressive resistance exercises for Internal Rotation / External Rotation at **Week 10**
  - a. Reverse Total Shoulders at **Week 12**
5. Closed chain proprioception exercises (UE Ranger)
6. Progress to functional ADL activities
7. Upper extremity bicycle – light resistance
8. Aquatics - Buoyancy assisted Active exercises

## PHASE IV (Advanced Strengthening)

### Week 13+

#### Modalities (PRN)-

1. Only as needed

#### ROM-

1. Progress Shoulder ROM to full in all planes as tolerated

#### Exercises-

1. Continue to progress Phase III exercises as tolerated
2. May begin combined AROM exercises
3. Initiate functional activities and sports as tolerated
  - a. Interval sports programs
4. Aquatics- Progress to Buoyancy or equipment resisted exercises
5. Avoid jamming activities such as hammering and contact sports

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