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REVERSE TOTAL SHOULDER REPLACEMENT POST-OPERATIVE REHABILITATION PROGRAM

(Tissue Deficient Group)

Lifetime Reverse Total Shoulder Precautions No reaching behind back (medial rotation extension) No lifting greater than 25 pounds

Phase One – Protection Phase (Week 0-2) Goal: Protect integrity of replacement Decrease shoulder pain

Sling Use: 1-2 weeks

Begin physical therapy to minimize the risk of frozen shoulder via PROM Protect the integrity of the replacement/facilitate soft tissue healing Sling is optional unless a fracture was the purpose for surgery No MRE, No Lifting Ice and pain meds for pain control

Phase Two – Active Motion Phase (Week 2-12) Goals: Improve shoulder strength (deltoid and any intact RC musculature) Improve Range of Motion Decrease pain/inflammation Increase Functional Activities

Exercises:

- Internal rotation strengthening precaution (submax isometrics for IR 4-8 weeks) due to subscapularis osteotomy- 8 weeks
- External rotation -stretching precaution (No ER beyond neutral) due to subscapularis osteotomy- 8 weeks
- Submax Isometrics
- PROM in all planes as tolerated
- May initiate gentle joint mobilizations if needed
- AAROM as tolerated
 - Flexion
 - Abduction
 - ER / IR

- AROM Exercises
 - Seated Flexion (45°-90°)
 - Supine Flexion (Full available range)
- Initiate T-band exercises for ER/IR
- Initiate biceps/triceps strengthening
- Initiate scapular stabilization

Phase Three – Strengthening Phase (Week 12-24) Goals: Improve strength of shoulder musculature Improve and gradually increase functional activities

Exercises:

- Continue T-band strengthening for IR/ER throughout the scapular plane
- May initiate heavier resistive strengthening for flexion, abduction, extension per patient tolerance
- May initiate PNF strengthening per patient tolerance
- Continue scapular/core stabilization
- Continue PROM stretching
- Continue gentle joint mobilization if needed

Phase Four – Return of Function Phase (Week 24+) Goals: Improve functional strength Return to functional activities

Patient should be on an independent home exercise programmed designed and customized by the PT for specified functional strengthening.