



New England Shoulder and Elbow Center

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Reverse Total Shoulder Arthroplasty Physical Therapy Guidelines

The following are guidelines for Reverse Shoulder Arthroplasty and progression is both criteria based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Other factors may alter the guidelines; therefore, follow physician's modifications as prescribed.

POST – OPERATIVE PHASE I (WEEKS 0-6) ****MAXIMUM PROTECTION PHASE****

GOALS:

- Patient education
- Pain and edema control
- Full distal ROM
- Passive shoulder elevation to 90 degrees in plane of scapula (110 degrees ok by 6th week)
- Passive shoulder external rotation to 30 degrees in the plane of scapula
- Independent Home Program AND Independent sling use and light ADL's

PRECAUTIONS:

- No shoulder internal rotation
- No shoulder hyperextension
- No shoulder adduction
- Avoid painful positions/ranges of motion

TREATMENT STRATEGIES:

- Sling immobilization for *4 weeks* except for exercises and light ADL's
- Hand, wrist, forearm, elbow ROM exercises
- Pendulum exercises out of sling
- Passive shoulder elevation in plane of the scapula (0-90 degrees 1st 4 weeks, 0-120 degrees 5th and 6th week depending on patient presentation/tolerance)
- Passive external rotation for shoulder
- Scapular mobilization
- Scapular strengthening (sidelying with manual resistance, sitting)
- Cryotherapy/TENS

MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:

- Pain controlled
- Shoulder flexion to 100-110 degrees
- External rotation to 30 degrees
- Independent Home Program AND Independent light ADL's

Emphasize:

- PROTECTING SURGICAL REPAIR
- Patient compliance with sling immobilization



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POST – OPERATIVE PHASE II (WEEKS 6-12)

GOALS:

- Pain control 0-3/10 with ADL's
- PROM shoulder elevation to 110-130 degrees
- External shoulder rotation to 30-45 degrees
- Independent Home Program

PRECAUTIONS:

- Avoid painful positions
- Avoid reaching horizontally across body
- Avoid reaching behind back toward back pocket
- Avoid Pushing to get "out of a chair"

TREATMENT STRATEGIES:

- Advance PROM to AAROM for shoulder elevation
- External rotation with cane in plane of scapula as tolerated
- Sub maximal deltoid isometrics (anterior and middle deltoid)
- Place and hold exercises for shoulder elevation at 90 degrees in supine
- Scapular strengthening with light elastic bands
- Scapular PNF patterns manually
- Internal/external rotator strengthening (8 weeks)
- Isotonic shoulder flexion in the plane of the scapula (7-8 weeks)
- Rhythmic stabilization
- Aquatic therapy
- Arm ergometry
- Modalities as needed

MINIMUM CRITERIA FOR ADVANCEMENT:

- 0/10 pain with activities of daily living
- Passive shoulder elevation to 110 degrees
- Active shoulder elevation to 90 degrees
- Good humeral head control and scapular stability
- Biceps/Triceps strength 4/5

Emphasize:

- Increase flexibility first and foremost
- Then progress to gently restoring strength



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POST – OPERATIVE PHASE III (WEEKS 12-16)

GOALS:

- Pain 0/10
- Passive shoulder elevation to 130-140 degrees
- Active shoulder elevation 90-130 degrees
- Internal rotation sufficient to reach back pocket and for self-care
- Good scapular stability
- Minimal shoulder hiking
- Independent Home Program
- Full functional independence

TREATMENT RECOMMENDATIONS:

- AAROM exercises for shoulder elevation (supine)
- AAROM exercises for external rotation (supine)
- Aquatic therapy
- Progressive Resistive Exercise for Scapular Strengthening
- Internal/External rotator strengthening (light isotonic with elastic band or sidelying with 1-2 lb weight)
- Isotonic deltoid strengthening
- Biceps and triceps strengthening
- Latissimus Pulldown (light weights or elastic band)
- Rhythmic stabilization
- Patient education

PRECAUTIONS:

- Avoid lifting weights > 10 lbs. above shoulder level
- Lift Bilaterally when possible
- Avoid painful movements/positions
- Avoid reaching horizontally across body
- Avoid jerking motions or sudden push/pulling motions

Emphasize:

- Continuing to increase flexibility
- Restoring strength

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ / ___ / ___