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REVERSE SHOULDER ARTHROPLASTY REHABILITATION PROTOCOL

Note SURGICAL EXPECTATION LIMITS by end of PHASE IV

ER to 10, FF 110, IR to buttock

Weeks 1-6: Phase I

Sling Immobilizer: At all times except for showering and exercise, discontinue at week 3

Passive ER to 0 and extension to neutral Exercises:

Passive FF in scapular plane to 90

AROM wrist/elbow Scapular "pinches" Passive IR to belly No active IR

Modalities as needed

Advancement Criteria: ER to 0

> FF in scapular plane to 90 Minimal pain and inflammation

Weeks 6-12: Phase II

Exercises: Passive & Active assisted **FF in scapular plane – 110** (wand exercises, pulleys)

Passive & Active assisted ER – limit 10 deg

Active supine FF in scapular plane

Manual scapular side-lying stabilization exercises

Isometrics: Deltoid in neutral

ER (modified neutral) ROM < 10 deg

IR (modified neutral)

Scapular retraction with elastic bands

Humeral head control exercises:

ER/IR (supine/scapular plane)

Elevation at 100 deg

Modalities as needed

Advancement Criteria: FF to 110

ER to 10

Good humeral head control Minimal to no pain with ADLs

Weeks 12-16: Phase III

Exercises: Progress ROM as tolerated *** within limitations above ****

AAROM for FF and ER

AAROM for IR – **limit to buttock**

Flexibility exercises: towel stretch, posterior capsule stretch

IR/ER/FF isotonic strengthening

Scapular stabilization Rhythmic stabilization

PREs for scapula, elbow (biceps/triceps)

Forward flexion in scapular plane

Progressive resistive equipment: row, chest press (light weight)

Modalities as needed

Advancement Criteria: Muscle strength 4/5

Passive FF 110, ER <30

Restore normal scapulohumeral rhythm <90 deg elevation

Minimal pain and inflammation

Weeks 16-22: Phase IV

<u>Exercises:</u> Access and address any remaining deficits in ROM, flexibility, strength

Active, active-assisted, and passive ROM exercises

Flexibility exercises: towel stretch (IR), posterior capsule stretch

Progressive resistive strengthening:

Dumbbells

Progressive resistive equipment Elastic band IR/ER (modified neurtral)

Rhythmic stabilization Modalities as needed

Individualize program to meet specific needs of patient

Discharge Criteria: Maximize ROM

Full independent ADLs

Normal scapulohumeral rhythm >100deg elevation

Independent HEP