**Reverse shoulder replacement rehabilitation program**

# 0 – 2 weeks after surgery

* **Wear a sling all the time**
* Elbow wrist and hand movements as often as possible
* Ice the shoulder as often as possible to reduce swelling and pain
* Adequate pain control
* While lying supine, the distal humerus / elbow should be supported by a pillow or towel roll to avoid shoulder extension. Patients should be advised to “always be able to visualize their elbow while lying supine.”
* No shoulder AROM.
* No lifting of objects with operative extremity
* No supporting of body weight with involved extremity.
* Keep incision clean and dry (no soaking/wetting for 2 weeks)
* Active/Active Assisted ROM (A/AAROM) of cervical spine, elbow, wrist, and hand.
* Begin periscapular sub-maximal pain-free isometrics in the scapular plane.
* Begin sub-maximal pain-free deltoid isometrics in scapular plane (avoid shoulder extension when isolating posterior deltoid.)
* Insure patient is independent in bed mobility, transfers and ambulation
* Insure proper sling fit/alignment/ use.
* Instruct patient in proper positioning, posture, initial home exercise program
* Provide patient/ family with written home program including exercises and protocol information.

Review with surgeon at 2 weeks before progressing

**2-6 weeks after surgery**

# Wear sling when walking or travelling

* Otherwise remove sling with arm supported on a chair, table or pillow and use hand the hand can be used for eating, computer and paperwork etc
* Isometric shoulder muscle exercises including deltoid and scapula stabilizers
* Elbow, wrist and hand exercises 3 times a day
* Commence gentle passive elevation 0-90°, using the opposite hand to support the elbow, beginning supine, and then progressing to the erect position.
* Begin using deltoid to power shoulder forward elevation initially supine 0-90°
* ER in scapular plane to tolerance, respecting soft tissue constraints.
* Gentle resisted exercise of elbow, wrist, and hand.
* Continue frequent cryotherapy. Review with surgeon at 6 weeks before progressing - Criteria for progression to the next phase
* Tolerates shoulder PROM and isometrics; and, AROM- minimally resistive program for elbow, wrist, and hand. •
* Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature in the scapular plane.

**6 – 12 weeks after surgery**

* No more sling except if in a busy or crowded rowdy situation.
* Begin active and passive movements concentrating on external and internal rotation and forward flexion, progressing to circumferential shoulder motion.
* Forward flexion and elevation in the scapular plane in supine to 90 degrees. External rotation (ER) in scapular plane to available ROM as indicated by operative findings. Typically around 20-30 degrees.
* At 6 weeks post op start PROM IR to tolerance (not to exceed 50 degrees) in the scapular plane.
* Begin shoulder AA/AROM as appropriate.
  + Forward flexion and elevation in scapular plane in supine with progression to sitting/standing.
  + ER and IR in the scapular plane in supine with progression to sitting/standing.
* Initiate gentle scapulothoracic rhythmic stabilization and alternating isometrics in supine as appropriate. Minimize deltoid recruitment during all activities / exercises.
* Progress strengthening of elbow, wrist, and hand.
* Continue use of cryotherapy as needed.
* Patient may begin to use hand of operative extremity for feeding and light activities of daily living including dressing, washing.
* The last movements to attempt are adduction and extension such as reaching to the back pocket or toileting.

**After 12 weeks**

* Begin gentle glenohumeral IR and ER sub-maximal pain free isometrics.
* Begin gentle periscapular and deltoid sub-maximal pain free isotonic strengthening exercises.
* Begin AROM supine forward flexion and elevation in the plane of the scapula with light weights (1-3lbs. or .5-1.4 kg) at varying degrees of trunk elevation as appropriate. (i.e. supine lawn chair progression with progression to sitting/standing).
* Progress to gentle glenohumeral IR and ER isotonic strengthening exercises in sidelying position with light weight (1-3lbs or .5-1.4kg) and/or with light resistance resistive bands or sport cords.

**After 16 weeks**

* Typically the patient is on a home exercise program at this stage to be performed 3-4 times per week with the focus on:
  + Continued strength gains
  + Continued progression toward a return to functional and recreational activities within limits as identified by progress made during rehabilitation and outlined by surgeon and physical therapist.

**Criteria for discharge from skilled therapy:**

* + Patient is able to maintain pain free shoulder AROM demonstrating proper shoulder mechanics. (Typically 80 – 120 degrees of elevation with functional ER of about 30 degrees.) •
  + Typically able to complete light household and work activities.