**Reverse Total Shoulder Arthroplasty**

Patient and Physiotherapist information

**Procedure details:** This is a total joint arthroplasty, replacing the arthritic, worn out joint with metal and plastic to allow an increased range of motion with improved pain.

**Goals of treatment:** The aim is to improve mechanics and function of your shoulder and improve your pain. This is done via an incision between the deltoid muscle, over the side of the shoulder, and the pectoralis major muscle, over the anterior chest. Removing the arthritic and degenerative shoulder joint, performing rehabilitation, together we aim to have an improved shoulder.

**Rehabilitation phases:**

This can be used with Dr Drynan’s Shoulder rehabilitation document and videos, accessed via [www.drdaviddrynan.com.au](http://www.drdaviddrynan.com.au) or Youtube – Dr Drynan Orthopaedics or Link: <https://www.youtube.com/channel/UCbig6cNvW11u42tIYHvGl7w>

**Phase**

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| **Phase** | **Time (Weeks)** | **Restrictions** | **Exercises** |
| 1 | 0-2 | Sling use when not in shower or exercises | Scapular positioning, hand, wrist, elbow range of motion.PendulumsGrip strengthening |
| 2 | 2-6 | Sling – on when not exercising, OK to remove when at home or relaxing.\*No active IR and extension for 6 weeks – if sub scap repair\*not for ER >40 deg if sub scap repair | Scapular, hand, wrist, and elbow ROMPassive ROM – moving to Active assisted ROM and active ROMGoals for weeks 2-4 - Forward flex 90, ER 20 deg in adduction, abduct 75 degrees in neutral rotation. Passive IR and place and holds from week 2.Goals for 4-6 – Forward 120, 40 deg ER in adduction, 75 deg abduction in neutral. Use of passive stretches can be started to increase ROM. |
| 3 | 6-12 | No SlingNo resisted IR initially, slowly increasing | Full Active ROM – active assisted if requiredPassive stretches and end range ROMResistance in ER/FF/Abd |
| 4 | 12-12 months |  | Resisted IR and ER and extension.Continue with passive end of range stretches as requiredFull activitiesTheraband strengthening |