REVERSE SHOULDER ARTHROPLASTY PROTOCOL DR. ELRASHIDY — WEBSTER ORTHOPEDICS

OVERVIEW

- <u>Sling</u> Simple sling for 5 weeks as follows:
 - Full time x 4 weeks: After week 4, begin to wean during day as tolerated
 - Continue to wear while sleeping until Week 5
- When Supine: For first 5 weeks, place small pillow/roll behind elbow to avoid hyperextension
 - Prevents tension on subscap (if repaired)
 - Instruct patient they should be able to visualize elbow

Other Precautions:

- No lifting (greater than coffee mug) or strengthening for first 5-6 weeks
 - Ok to use operative arm for activities of daily living (brushing teeth, eating, etc)
- No strengthening for first 5-6 weeks. Focus on PROM, followed by AAROM and AROM
- No pulleys x 6 weeks
- Reinforce weight limit of no greater than 10-15 lbs on operative shoulder/extremity

PHASE 1: Protected PROM/AAROM (Weeks 0-5)

Early Phase 1 (Weeks 0-4)

- Sling full-time (except with therapy or when showering) for 4 weeks
- Patient will see therapist on post-op day #1 (in hospital) to learn:
 - Pendulums as tolerated
 - Passive supine forward elevation as tolerated
 - \bullet Begin PROM in supine position with rotator cuff repairs for good scapular stabilization
 - Gentle ER in scapular plane to available PROM (no more than 30°)
- Begin Outpatient Therapy at 10-14 days post-op
- Cryotherapy (+ other soft tissue modalities): For swelling, pain and inflammation
- Supine forward flexion (initially PROM, progress to AAROM as tolerated)
- AROM of elbow, wrist, hand and neck
- Begin scapular isometrics (scapular sets primarily retraction)
- Work on PROM in all planes (except limit ER to 30°, NO extension)
- NO weight-bearing on operative extremity for first 4 weeks
- NO Pulley exercises

Late Phase 1 (Week 5)

- Sling: Worn only when sleeping, wean during the day over Week 5
- Begin and progress from PROM to gentle active-assisted ROM as tolerated
 - Focus on assisted forward flexion<120°, ER<30° and Abd<45° in plane of scapula

PHASE 2: AAROM/AROM (Weeks 5-8)

- Improve **PROM and AAROM** gradually into full ER in neutral, elevation<140°, IR as tolerated
- Discontinue sling after Week 5: Encourage natural arm swing
- ◆ **Begin AROM:** Initiate glenohumeral joint mobility primarily in elevation

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- Begin AROM exercise against gravity in elevation, ER, IR behind back and abduction
- Avoid PROM with stretching in adduction past neutral, IR behind back & flexion> 120°
- Also avoid PROM/stretching with combined ER and abduction
- Encourage increased functional use of arm for ADLs
- Begin pulleys for forward elevation in plane of scapula (as long as > than 90° PROM)
- Begin sub-maximal deltoid isometrics (anterior, lateral & posterior) in neutral (at Week 8)
- Begin scapular strengthening exercises as appropriate (at Week 8)
- Begin assisted horizontal adduction
- ◆ Gentle glenohumeral & scapulothoracic joint mobilization, rhythmic stabilization

PHASE 3: AROM/Strengthening (Weeks 9-13+)

- Progress AROM exercise and continue PROM/stretch as needed.
- Continue to improve glenohumeral joint mobility in elevation and ER
- <u>Continue Strengthening</u>: Focus on deltoid muscle balance and functional strength
 - Utilize pool exercise program, low resistance T-band or light weights
 - Include teres minor and subscapularis (if intact per surgeon op report) strengthening
 - Progress from submaximal isometrics to limited-range to full-range isotonics
 - Resistive exercise below shoulder height encouraged
 - ER strength typically somewhat compromised due to underlying cuff dysfunction. Avoid overload of teres minor when strengthening.
- Maximize strength of shoulder girdle and upper extremity for light daily ADLs
- NO weight-lifting above shoulder height or lifting with weight>10 lbs (unless instructed by surgeon)
- Avoid forceful AAROM in flexion>140°, ER>45°, IR behind body, horizontal adduction past neutral.

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SAMPLE EXERCISES

1) **Passive Supine Flexion/Forward Elevation:** Lie on your back. Grasp wrist with non-op hand and passively raise operative arm overhead. Aim to get to 90° by 3 weeks. In week 4, progress to 120°. Then full ROM after 6 weeks. Keep elbow bent and relaxed. Repeat 10 reps, 2-3 times/day





2) **Passive Pendulum Exercise**: Hold onto a chair back with non-op hand and bend forward. Let the operative arm hang down passively. Use body to passively swing arm: Forward, backward, side to side and in small circles. Repeat throughout the day as tolerated



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