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Reverse Total Shoulder Arthroplasty Protocol

A reverse total shoulder arthroplasty (rTSA) is designed to allow for replacement of the shoulder joint in the absence of a rotator cuff, or when a standard/anatomic arthroplasty is contraindicated as well as in instances of severe fracture.

It is important to understand that a rTSA has a higher risk of dislocation than a standard arthroplasty. It is critically important that you avoid the following activities during the first 12 weeks:

- Extension of the shoulder beyond neutral combined with adduction and internal rotation (do not reach behind your back for any reason, including tucking in your shirt, fastening your bra, or when using the toilet).

PHASE I Begin immediately post op (0-6 weeks)

Goals:

- Protect the shoulder arthroplasty
- Protect the wound
- Prevent stiffness / restore range of motion

Precautions:

- Wear your sling for the first 3-4 weeks, only removing it for therapy and when bathing
- Place a pillow behind your elbow/shoulder when laying down to help prevent extension
- No shoulder active range of motion
- No lifting with the operative arm
- Do not use your operative arm to support your body weight
- Keep your incision site clean and dry (do not allow to get wet until the first post-operative visit), no pools, bath tubs, standing water for 4 weeks
- Activities:
- The wound needs to stay dry until follow up 10-14 days post operatively
- To apply deodorant or wash your underarm, bend forward at the waist and let your arm dangle in front of you
- Ice the shoulder 4-5x /day for 15-20 minutes
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Exercises:

- DO NOT Combine Extension, IR and ADDuction
- Range of motion only with therapy at first, then only in passive forward flexion
- NO external rotation beyond 0 degrees for the first 3 weeks, then to 10 degrees from 3-6 weeks
- Pendulum exercises
- Scapular mobilization and stabilization
- Passive internal rotation to chest
- Elbow range of motion
- Table slides and PROM in forward flexion
- Submaximal deltoid isometrics at neutral (pain free)

PHASE II Active range of motion with early strengthening (6-10 weeks)

Requirements:

- To be advanced by therapy
- Tolerates shoulder PROM and isometrics
- Pt is able to demonstrate active isometric contraction of the deltoid and periscapular muscles

Goals:

- Protect the shoulder and avoid overstressing the repair
- Continue progression of PROM
- Gradually restore active range of motion
- Re-establish dynamic shoulder and scapular stability

Precautions:

- Slow progression of deltoid activity and stress to avoid acromial stress fracture
- Continue to avoid shoulder hyperextension
- No lifting heavier than a cup of coffee
- No supporting of body weight

Activities:

- Continue to progress PROM
- Begin IR to tolerance (up to 50 degrees in the scapular plane)
- Begin external rotation to 30 degrees
- Work to maximize deltoid recruitment in all motion

Exercises:

- Pendulums
- Begin AA/AROM with flexion/abduction - starting supine, then progressing to sitting/standing
- Continue AA/AROM and gentle strengthening of elbow, wrist and hand
- Wall climb stretches
- Begin use of hand for feeding and light activities of daily living including dressing, washing, etc
- NO Combined Extension/IR/ADDuction

PHASE III Resisted plus continue Phase I/II (10-12 weeks)

Requirements:

- Tolerates phase II well and demonstrates full deltoid recruitment in all activities

Goals:

- Protect the shoulder repair
- Continue to improve ROM
- Gradual shoulder strengthening

Activities:

- No lifting greater than 3-4 lbs, and only in forward flexion and elevation
- No sudden or jerking motions
- Continue active and passive motion from Phase II

Exercises:

- Theraband strengthening (<3-4 lbs)
- Shoulder shrugs
- Biceps curls
- As per PT

PHASE IV: Functional Strengthening (do not begin prior to week 12)

Goals:

- Return to functional use of the arm
- Continued strengthening and improved endurance per PT

Activities:

- Continue your home exercises program daily for at least 1 year
- You will see Dr. Obrock at 2 weeks, 6 weeks, 3 months, 6 months and 1 year post operatively
- You can return to sports (golf, tennis, swimming, etc) around 4-6 months post operatively. Check with Dr. Obrock before proceeding