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Reverse Total Shoulder Arthroplasty Rehab Protocol

	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
PHASE I – Post-Op 0-6 weeks	<ul style="list-style-type: none"> Maintain & protect integrity of repair PROM Assist with HEP Independent with ADLs with modifications <p>Criteria for progression to Phase II:</p> <ul style="list-style-type: none"> Tolerates shoulder PROM and isometrics for elbow, wrist, and hand. Patient can isometrically activate all components of the deltoid and periscapular musculature in the scapular plane. 	<ul style="list-style-type: none"> No AROM No lifting No supporting any weight No lifting of body weight by hands Keep incisions clean/dry 	<ul style="list-style-type: none"> Maintain arm in abduction sling/brace for 3-4 weeks <ul style="list-style-type: none"> Remove only for exercise/bathing 6 weeks if revision When laying supine, put pillow behind elbow to avoid extension <ul style="list-style-type: none"> Should always be able to see the elbow when supine 	<ul style="list-style-type: none"> Weeks 0-3 PROM <ul style="list-style-type: none"> PROM may begin once block wears off FF and elevation in the scapular plane in supine to 90 degrees. ER in scapular plane to available ROM as indicated by operative findings (usually around 20-30 degrees) No IR motion Weeks 3-6 progress PROM: <ul style="list-style-type: none"> Forward flexion and elevation in the scapular plane in supine to 120 degrees. ER in scapular plane to tolerance, respecting soft tissue constraints. 	<ul style="list-style-type: none"> Begin periscapular sub-maximal pain-free isometrics in the scapular plane At 1 week, begin sub-maximal pain-free deltoid isometrics in scapular plane (avoid shoulder extension when isolating posterior deltoid.) AROM of c- spine, elbow, wrist, and hand Continuous cryotherapy for first 72 hours postoperatively, then frequent application (4-5 times a day for about 20 minutes). Patient education: posture, joint protection, positioning, hygiene, etc. Want independence in bed mobility, transfers and ambulation Ensure proper sling fit/alignment/ use Proper positioning, posture, initial home exercise program
Phase II – AROM / Early Strengthening 6-12 Weeks	<ul style="list-style-type: none"> Progress PROM (don't expect to be full) Gradually restore AROM Do NOT overstress healing tissue 	<ul style="list-style-type: none"> Avoid shoulder hyperextension Be mindful of acromion stress <ul style="list-style-type: none"> Sudden increase in deltoid activity may increase stress. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Continue PROM <ul style="list-style-type: none"> Begin PROM IR to tolerance in scapular plane (not >50°) Begin AAROM/AROM 	<ul style="list-style-type: none"> Weeks 6-8 <ul style="list-style-type: none"> Initiate gentle scapulothoracic rhythmic stabilization and alternating isometrics in supine as appropriate. Minimize deltoid recruitment during all activities / exercises.

- Start of protocol is DELAYED by 3-4 weeks for revision and/or in the presence of poor bone stock as evaluated by the surgeon at the time of surgery
- For 12 weeks postop, avoid extension past neutral and combination of adduction and internal rotation



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SURGERY ASSOCIATES, P.C.

- Do NOT change bandages unless instructed by physician
- Monitor for pain and swelling. Modify as necessary.
- Encourage home exercises program daily
- Encourage ice 4x a day for 20 minutes while swelling is present.
- For any questions or concerns please contact Dr. Tauberg's office

Reverse TSA Protocol

	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
	<ul style="list-style-type: none"> • Re-establish dynamic shoulder/scapular stability <p>Criteria for progression to Phase III:</p> <ul style="list-style-type: none"> • Improving function of shoulder. • Patient demonstrates the ability to isotonicly activate all components of the deltoid and periscapular musculature and is gaining strength 	<p>Essential for gradual, pain-free increase in activity</p> <ul style="list-style-type: none"> • No lifting heavier than cup of coffee • No supporting of body weight 		<ul style="list-style-type: none"> - In scapular plane in supine with progression to sitting/standing 	<ul style="list-style-type: none"> - Progress strengthening of elbow, wrist, and hand - Gentle glenohumeral and scapulothoracic joint mobilizations as indicated (Grade I and II) - 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. <p>• Weeks 9-12</p> <ul style="list-style-type: none"> - 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 side-lying position with light weight (1-3lbs or .5-1.4kg) and/or with light resistance resistive bands or sport cords.
<p>PHASE III– Moderate Strengthening 12+ weeks</p>	<ul style="list-style-type: none"> • Enhance functional use of operative extremity and advance functional activities. • Enhance shoulder mechanics, muscular strength and endurance <p>• Criteria for discharge from skilled therapy:</p>	<ul style="list-style-type: none"> • Initially, no lifting of objects heavier than 2.7 kg (6 lbs) with the operative upper extremity • No sudden lifting or pushing activities. 	<ul style="list-style-type: none"> • none 	<ul style="list-style-type: none"> • Week 12-16 - Progress to gentle resisted flexion, elevation in standing as appropriate. 	<ul style="list-style-type: none"> • Continue previous exercises • At 4+ months, continue home program - Home program to be done 3-4x per week - Progress return to functional/recreational activities - Advance strengthening as tolerated



Reverse TSA Protocol

	GOALS	PRECAUTIONS	SLING	ROM GOALS	EXERCISES / MODALITIES
	<ul style="list-style-type: none">• Can maintain pain free shoulder AROM demonstrating proper shoulder mechanics. (Typically 80 – 120° of elevation with functional ER of about 30°.)• Typically able to complete light household and work activities				

