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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 - 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"> o PROM may begin once block wears off o FF and elevation in the scapular plane in supine to 90 degrees. o ER in scapular plane to available ROM as indicated by operative findings (usually around 20-30 degrees) o No IR motion • Weeks 3-6 progress PROM: <ul style="list-style-type: none"> o Forward flexion and elevation in the scapular plane in supine to 120 degrees. o 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 - 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

- 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.
PHASE III— Moderate Strengthening 12+ weeks	<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 	<p>• Week 12-16</p> <ul style="list-style-type: none"> 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 				