

Patient Rehabilitation Protocol For Reverse Total Shoulder Arthroplasty (RTSA) For fracture

Precautions

- **Shoulder arthroplasty precautions**
 - **NO** pushing yourself from chair or bed with the operative arm
 - **NO** internal rotation behind the back (reaching for the back pocket or for tucking in the shirt)
 - **NO** shoulder extension beyond neutral. “ Need to see the elbow at all times”
 - **NO** resistive internal rotation

Immobilization

- Patient to remain in sling at all times except during therapy

OT/PT Exercises

- **Shoulder**
 - Passive forward elevation as tolerated (less than 60) in the plane of scapula
 - Passive external rotation to neutral and internal rotation to belly
 - **No shoulder extension, active IR or active ER**
 - Active scapular exercises (scapular elevation [shrugs], and retraction [scapular pinch])
- **Elbow:** passive ROM as tolerated
- **Hand and wrist:** active range of motion of hand and wrist

Patient Education: Please educate the patient regarding

- Sling use: coming in and out of the sling
- Getting in and out of bed and chair without violating the RTSA precautions
- Gait training
- Performing ADL

Rehabilitation protocol for reverse total shoulder arthroplasty (RTSA)

Patient name:

Diagnosis: s/p Right/Left Reverse total shoulder arthroplasty

Date of surgery:

Frequency: 2-3 times/week

Duration: 12 Weeks

Precautions

- **RTSA specific precautions (up to 12 weeks)**
 - **NO** pushing yourself from chair or bed with the operative arm
 - **NO** Internal Rotation behind the back (reaching for the back pocket or for tucking in the shirt)
- **General Precautions (first 6 weeks)**
 - **NO** picking up heavy objects or reaching out for objects
 - **NO** Resistive Internal Rotation, **NO** stretching in Abduction and rotation
 - **NO** body blade, weights or upper body ergometer
 - **NO** shoulder extension beyond neutral. “ Need to see the elbow at all times”

Phase I: Weeks 0-5

- **Sling Use:** Patient to remain in sling for 4 weeks. OK to wear the sling in public and crowded places beyond 4 weeks until the patient is comfortable
- **Exercises**
 - Use of the hand while in the sling for daily activities is allowed such as for typing.
 - Supervised Passive ROM [120 degrees of Forward Flexion / 30 degrees of External Rotation with arm at side; Abduction maximum of 60-80 degrees without rotation and with the elbow].
 - Scapular exercises (Scapular elevation, depression, protraction and retraction)
 - Submaximal isometrics for anterior and middle deltoid.
 - Active range of motion of hand and wrist
 - Home exercise program

Phase II (Active Range of Motion phase) Weeks 6-12:

- **Watch for symptoms of an Acromial stress fracture:** If the patient complains of excessive pain posteriorly or laterally over the acromion and is point tender over these locations, please have the patient call my office immediately and follow up as soon as possible.

- **Precautions:**
 - **NO** heavy lifting
 - Patient should face the pulley. **NO** use of pulley behind the back
 - **AVOID** sudden jerking motion or reaching/grabbing objects far away from the patient.
 - **NO** body blade, weights or upper body ergometer.
- **Exercises**
 - Cleared for daily use of arm for activities of daily living (ADL) while still complying with the RTSA precautions until 12 weeks.
 - PROM, AAROM and AROM: advance as tolerated.
 - Use of pulleys/canes for ROM with the above precautions.
 - Closed chain scapular exercises
 - Light passive stretching at end ranges.

Phase III (strengthening phase): Weeks 12 and beyond

- **Precautions**
 - **Patient may not have full normal shoulder ROM. A typical RTSA patient gets 120-140 degrees of FF; Up to 90 degrees of Abduction, ER of 20-40 degrees, IR to back pocket.**
 - **NO** upper body ergometer or body blades
 - Lateral and side raises with weights should be performed with the elbow flexed and below the level of the shoulder.
- **Exercises**
 - Advance ROM as tolerated with passive stretching at end ranges
 - Resisted internal rotation with arm at side
 - Internal rotation behind the back and end range ER stretching allowed
 - Advance strengthening of deltoid (all three heads), scapular stabilizers, and posterior rotator cuff
- **Modalities**
 - Heat and Ice
 - Ultrasound
 - Iontophoresis
 - Phonophoresis
 - Therapists' discretion
 - TENS
 - Trigger point massage
- **Evaluation and others**
 - Home exercise program

Frequency: _____ times per week

Duration: _____ weeks

Signature: _____

Date: _____