

Reverse Total Shoulder Rehabilitation Protocol

The Reverse Ball and Socket Arthroplasty is a new implant design for severely damaged shoulders. It is generally used for rotator cuff tear arthropathy, and salvage of post traumatic or other shoulders.

General Information

- Time required for full recovery is 6-12 months.
- Deltoid function is critical for function of this implant.

Precautions

- In this procedure, the subscapularis is detached for exposure of the glenohumeral joint and then reattached after the repair is complete. This reattachment must be protected for 6 weeks. During this time, strengthening activities involving internal rotation must be avoided.
- **Dislocations and infections** are the two highest reported complications.

Motions to Avoid

- Abduction with External Rotation
- Abduction with Internal Rotation

Immobilization

- Sling should be worn for the first 48-72 hours
- After 3 days, sling can be removed for light activity with the patient awake as long as the hand remains in front of the body (i.e. desk work, knitting, tying flies for fishing, etc)
- The sling should always be worn at night for the first 6 weeks
- Discontinue sling completely at 4 weeks

1st POST-OP VISIT

- 1) Wound inspection
- 2) Patient education
 - **No active shoulder motion for 4 weeks, all planes**
 - **No active internal rotation for 6 weeks**
 - Sling use as directed by physician
 - Icing 3 times/day for 20 minutes
- 3) Exercise
 - Pendulum exercise only without weight
 - o Clockwise

- o Counterclockwise
- o Side-to-side
- o Front & back
- o Flexion
- o Abduction

- **External rotation to neutral only**

4) Ice

5) Modalities - PRN

1 WEEK POST-OP

1) Wound check

2) Exercise

- Pendulum exercise

- Isometric exercise

o Flexion/extension

o Abduction

o External rotation

- Progressive resistive exercise

o Shoulder shrugs

o Bicep curls

o Triceps/shoulder extension

o Scapular retraction - prone

o Wrist supination/pronation

o Gripping exercises

o Wrist flexion/extension

3) Modalities - PRN

4) Ice

2 WEEKS POST-OP

1) Wound check, sutures out

2) Exercise

- Pendulum exercise with light weight

- Isometrics - as previous

- Progressive resistive exercise - as previous

3) Modalities - PRN

4) Ice

4 WEEKS POST-OP

- 1) Scar mobility
- 2) Exercise
 - AROM
 - o All planes except IR or ER in Abduction.
 - o Focus on IR and ER with arm at side - **limit ER to 20° (Increase 20 degrees/week)**
 - AAROM
 - o Provide with Home Pulley System
 - o Progressive resistive exercise - continue as previous
- 3) Modalities - PRN
- 4) Ice
- 5) Can discontinue sling - PRN

6 WEEKS POST-OP

- 1) Exercise
 - AROM
 - o All planes except IR or ER in Abduction
 - o Focus on IR and ER with arm at side - **limit external rotation to 45°**
 - o UBE, forward/reverse and standing off to side clockwise and counterclockwise
 - Progressive resistive exercise - continue as previous, adding:
 - o Shoulder internal/external rotation with low resistance Theraband (limit ER to 45°)
 - o Wall push-up plus, hand in neutral position
 - o Advance Deltoid strengthening
- 2) Modalities - PRN
- 3) Ice

8 WEEKS POST-OP

- 1) Full PROM, ER to 60°
- 2) Exercise
 - Progressive resistive exercise - continue as previous, adding:
 - o *Low resistance/high repetition:*
 - Flexion
 - Abduction
 - Supraspinatus (limit to 70°)
 - Prone fly
 - Scapular retraction
 - Prone extension
 - Body Blade
 - o One-handed grip, abduction to 90°

o Two-handed grip, flexion to 90°

3) Modalities - PRN

4) Ice

10 WEEKS POST-OP TO 16 WEEKS POST-OP

1) AROM no limits, avoid abduction IR and abduction ER

2) Exercise

- Progressive resistive exercise - continue as previous focus on deloid external rotation and internal rotation

3) Modalities - PRN

4) Ice

5) Progress to full activities