Andrew Pastor, M.D.

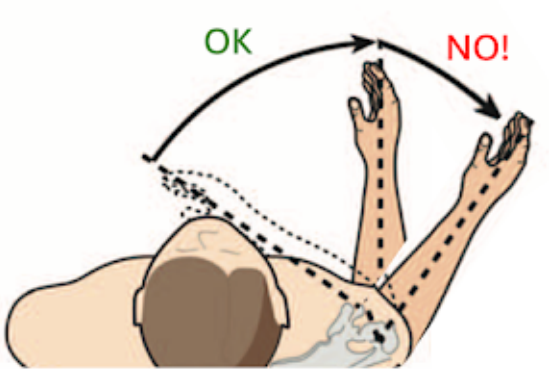
REVERSE TOTAL SHOULDER Physical Therapy Protocol

Early Rehab Goals:

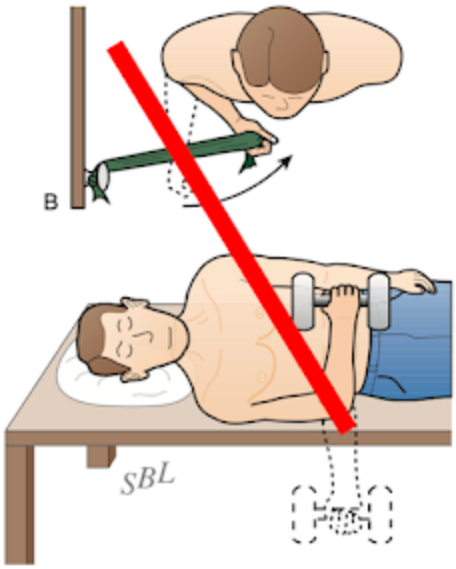
- Prevent dislocation
- Prevent acromial stress fracture

Precautions for weeks 1-6 to allow for subscapularis healing:

- **No external rotation past 0 degrees (handshake position)**



- **No internal rotation strengthening**



Phase 1 Weeks 1-3

Goals:

- Pain control
- Wound healing
- Joint protection
- Elbow, wrist and hand ROM

Precautions:

- Avoid combined adduction/extension/internal rotation (behind the back) to prevent dislocation
- Keep pillow under elbow while supine
- No use of elbow in bed or chair for mobility to push up
- Sling for 3 weeks at all times even while sleeping
- No active range of motion or lifting with surgical arm for 6 weeks

1. Pendulum exercises
2. Wrist/elbow AROM exercises
    a. AROM only, no lifting any weight
    b. In neutral position at side
3. Grip exercises
4. Scapular exercises

a. shoulder shrugs, shoulder blade squeezes, shoulder rolls, retraction without resistance

Phase 2 Weeks 3-6

Goals:

- Progress active assisted range of motion
- Gradual pain free progression of range of motion
- Range of motion expectation (90 degrees) for flexion, very limited internal rotation, external rotation to 0 degrees in scapular plane

1. Continue phase 1 exercises
2. Active assisted range of motion
   a. begin to use pulley for active assisted forward flexion

Phase 3 Weeks 6-9

Goals:

- Progress passive range of motion and active range of motion
- Gradual pain free progression of range of motion, strengthening not always necessary
- Range of motion expectation (120-150 degrees) for flexion, very limited internal rotation, external rotation to 15 degrees in scapular plane

3. Continue phase 1 exercises
4. Active assisted range of motion
   b. Supine wand exercises, flexion to 120-150 degrees
   c. Supine external rotation to 15 degrees only
5. Active range of motion
   a. Shoulder flexion in standing, ball on wall, supine serratus punch
6. Isometric deltoid and periscapular strengthening
   b. Abduction and extension in neutral
7. Begin internal rotation stretching

Phase 4 Weeks 9-12

Goals:

- Active assisted range of motion flexion to 160 degrees, abduction to 120 degrees, and external rotation to 30 degrees

- Behind the back position is allowed
- No lifting greater than 6 lb with surgical arm
- No sudden lifting or pushing with surgical arm

1. Continue appropriate previous exercises
2. Active assisted range of motion
   a. Abduction to 120 degrees, flexion to tolerance, external rotation to 30 degrees
3. Exercises (9-12 weeks):
   a. Theraband rows, internal rotation, external rotation
   b. Side-lying external rotation

Phase 5 Weeks 12+

Goals:

- Full active range of motion
- Minimal compensatory motion

1. Active assisted range of motion
   a. Wand, wand internal rotation behind back, wall climb, pulley, doorway stretch
2. Active range of motion
   a. Full range of motion as tolerated, ball on wall with arc and alphabet, scapular retraction without weight
3. Joint mobilization
   a. As needed to regain functional motion
4. Rotator cuff strengthening
   a. Progress slowly with resisted internal rotation
5. Light resistive exercises
   a. Rows, exercise bands, wall push up, elliptical, running, water walking,

Resources:
Andrew Pastor, M.D. Retrieved from andrewpastormd.com
The Brigham and Women's Hospital, Inc. Department of Rehabilitation Services, 2016, Retrieved from brighamandwomens.org
https://www.brighamandwomens.org/assets/bwh/patients-and-families/rehabilitation-services/pdfs/shoulder-reverse-total-shoulder-arthroplasty-protocol.pdf
Presentation at TEC CME event: Dr. Jason Codding and Dr. Andrew Pastor