

Reverse Shoulder Arthroplasty

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**** Please keep in mind, these are guidelines only. Other than specifics regarding slingwear and specific limitations, I trust your expertise to provide the best treatment strategy for my patients** if there are any questions don't hesitate to contact myself or my team**

Precautions

- Proper sling use for 2-4 weeks (4 weeks unless instructed otherwise)
- Forward elevation should always be performed in scapular plane
- ROM should be gradual and never forced (avoid pain or pinching)
- **No subscapularis precautions unless specified**
- No supporting body weight or use of hand to push-up from chair
- No IR behind the back (pulling up pants/belt/tucking in shirt/perineal care)

Phase 1: Immediate Post-Surgical/Joint Protection Phase (0-6 weeks)

GOALS:

- Allow healing of soft tissue and maintain integrity of replaced joint
- Gradually increase shoulder PROM and "easy" active motion
- In the presence of poor shoulder mechanics avoid repetitive AROM exercises
- Increase AROM of elbow, wrist and hand
- Reduction of pain, inflammation, and muscular inhibition
- Independence with ADLs with modifications not to disrupt integrity of replaced joint

PRECAUTIONS:

- Proper sling use for 2-4 weeks even while sleeping (discharged by physician)
- PROM should be gradual and never forced (avoid pain or pinching)
- can work through passive, active assisted and active motion as tolerated.
- Do NOT bear weight through involved extremity
- No driving for first 4 weeks

Phase 2: AROM & Early Strengthening Phase (6-12 weeks)

GOALS:

- End ranges of PROM and AROM prior to any strengthening
- Control pain and inflammation
- Allow continual healing of soft tissue and avoid overstress
- Reestablish dynamic glenohumeral stability

PRECAUTIONS:

- Avoid sudden jerky movements and heavy lifting (no heavier than coffee cup)
- PROM should be gradual and never forced (avoid pain or pinching)
- In the presence of poor shoulder mechanics avoid repetitive AROM exercises

Phase 3: Moderate Strengthening Phase (12+ weeks)**GOALS:**

- Gradual restoration of shoulder strength and endurance with previous program
- Progressive return to functional activities with involved UE
- Progress to gentle resisted flexion/elevation in standing

CRITERIA TO DISCHARGE FROM PHYSICAL THERAPY

1. Able to maintain pain-free shoulder AROM
(typically 80-120° forward elevation/scaption; functional ER ~30°)
2. Patient able to demonstrated proper scapulohumeral rhythm/shoulder mechanics with elevation