

**GEOFFREY S. VAN THIEL, MD/MBA**

*Assistant Professor* - Rush University Medical Center

*Team Physician* - US National Soccer Teams

*Team Physician* - Chicago Blackhawks Medical Network - Ice Hogs

www.VanThielMD.com - VanThielMD@orthoillinois.com

Fax: (815) 381-7489 – Phone: (815) 381-7365



**SPORTS MEDICINE SURGERY – HIP ARTHROSCOPY**

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– Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder –

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**REHABILITATION PROTOCOL**

**Reverse Total Shoulder Arthroplasty**

**Joint Protection:** Patients with rTSA (reverse total shoulder arthroplasty) typically will dislocate with the combination of internal rotation, adduction and extension movements. Therefore, tucking in a shirt or performing bathroom/personal hygiene with the operative arm is particularly dangerous during the postoperative phase.

**Phase I (1 – 7 days)**

- Wound: Leave dressing in place until first post-operative visit
- Edema: Edema control interventions
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions.
- ROM:
  - Shoulder pendulums
  - AROM: Forearm, wrist and hand
- Modalities: prn for pain and inflammation

**Phase II (1 – 6 weeks)**

- Wound: Monitor site / Scar management techniques. Leave dressing in place until first post-operative visit.
- Edema and modalities: Edema control continued
- Sling: Ultrasling worn continuously except in therapy or during exercise sessions.
- ROM: Not initiated until postoperative week 6
  - Shoulder pendulums
  - AROM: Forearm, wrist and hand

**Phase III (6 – 12 weeks)**

- Sling: Discontinue sling.
- ROM: may begin 6 weeks post op. Begin with PROM, progressing to AAROM and then AROM.
  - No active IR / backwards extension for 6 weeks. The subscapularis tendon is taken down for the surgery and then repaired afterwards. It takes about 6 weeks for it to grown back down into the humerus and regenerate a blood and nerve supply.
  - PROM: gradually progress flexion and scaption to 120 degrees, ER to 30 – 45 degrees.
  - AAROM may begin and progress to AROM depending on stability and movement pattern quality for progression to AROM. Begin flexion and scaption supine providing greater scapular stability. Then progress to seated and standing positions.
  - AAROM progressing to AROM for gentle IR, ER and scapular retraction may begin to the above maximums for ROM.
- Strengthening: no resisted IR or extension until week 12 postoperatively. May begin gentle pain free sub-maximum isometrics for the deltoid and periscapular musculature with the humerus in a protected position in the scapular plane.

#### **Phase IV (12+ weeks)**

- Begin resisted IR/BE (isometrics / bands); isometric → light bands → weights
- Advance strengthening as tolerated; 10 reps / 1 set per exercise for rotator cuff, deltoid, and scapular stabilizers
- Increase ROM to fill with passive stretching at end ranges
- Begin eccentric motions, plyometrics, and closed chain exercises at 12 weeks.