

## Reverse Total Shoulder Arthroplasty

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### General Principles:

1. Issue home pulley for early self flexion in the plane of the scapula
2. Prosthesis is not designed to improve ER. Many patients will never achieve full ER after reverse TSA
3. Do not progress past 30 deg of passive ER unless active ER reaches 30 deg
4. Protect the subscapularis. No passive extension of the shoulder until 8 weeks post op
5. Begin active ER early ( up to ROM limits)
6. No joint mobilizations are necessary
7. Sling: wear sling for 3 weeks including sleep (two weeks from the date of surgery, the sling should be completely discontinued)

### I. Phase One- Immediate Motion Phase ( week 0 -6)

Goals: Protect the subscapularis

Increase PROM

Decrease shoulder pain

Reduce muscular atrophy

1. Patients can use the arm for basic functional activities ( eating, washing face, brushing teeth. Lift nothing heavier than a cup of coffee
2. Initiate hand, wrist, and elbow AROM/PROM
3. PROM
  - Shoulder flexion: 0- 130 deg
  - Shoulder ER: 0- 15 deg (at 30 deg of abduction)
4. AAROM: pulley for flexion in the plane of the scapula. ER: 0- 15 deg at 30 deg of abduction

(Continued)

5. Cervical AROM
6. Grip and wrist strengthening
7. Scapular stabilization: s/l scapular clocks, seated retractions
8. Submaximal isometrics: ER, abduction, flexion, and extension
9. AROM may be initiated 3 weeks from date of surgery)
10. Supine cane bench and flexion
11. Modalities such as IFC and cryotherapy for pain control

## II. Phase Two Active Motion Phase ( Week 6 - 12)

Goals: Increase shoulder strength

Restore AROM

Decrease pain and inflammation

1. Continue progressing A/PROM of the shoulder. Goals should be for functional ROM of the shoulder. 140 deg of pain free flexion is a good outcome
2. AAROM: Continue use of pulley in the plane of the scapula. Cane exercises in supine and semi - recumbent positions
3. AROM: progress flexion from supine, to semi - recumbent, to sitting/standing position
4. Scapulothoracic stabilization: resisted scapular PNF, serratus punches
5. Strengthening: Theraband ER/IR ( 6 weeks to 8 weeks from Date of surgery, Serratus punches, s/l ER
6. Total arm strengthening with light dumbbells
7. UBE no resistance ( **Week 8 from Date of Surgery**)

Continued

**III. Phase III - Strengthening Phase ( begins 12 weeks from Date of Surgery).**

**\*Many patients who have undergone Reverse TSA will never enter this phase**

**PROM:** Flexion to around 135 deg, ER to 40 deg, Functional IR : thumb to L5 spinous process

1. Dumbbell total arm strengthening: add weight as tolerated
2. Wall - push - ups
3. UE PNF patterns: progress to manual resistance with rhythmic stabilization holds
4. Aerobic conditioning
5. Refer to physician for return to work/ high level athletic activity