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Post-Op Physiotherapy Protocol for Reverse Total Shoulder Replacement

Here is Dr Herald's four-phase program to implement post procedure.

PHASE 1 ACUTE PHASE

WEEKS 1 -6

- ☑ Abduction sling management (remove for exercises, dressing and bathing)
- ☑ PROM
  - Supine forward flexion & elevation to 120 degrees in scapular plane
  - Supine ER rotation (20-30 degrees first three weeks) then as tolerated in scapular plane
  - A/AROM of cervical spine, elbow, wrist and hand
- ☑ Sub-max pain-free deltoid isometric exercises in the scapular plane from day 5, avoiding shoulder extension
- ☑ Provide written home care, cold therapy and exercise program
- ☑ Dr Herald will remove sutures and dressing at 2-week mark
- ☑ Supported elbow with pillow in supine (avoids extension and adduction).
- ☑ Wean off abduction sling, week 5
- ☒ No reaching across abdomen and chest with affected limb (to reduce dislocation)
- ☒ No supporting of body weight with involved joint – eg getting up from chair
- ☒ IR – Avoid all internal rotation
- ☒ No shoulder A/AROM

Patients should be encouraged not to reduce medication too quickly as it reduces inflammation and speeds healing

PHASE 2 ASSISTED RANGE OF MOTION

WEEKS 6-12

- ☑ Remove abduction sling all together
- ☑ Driving can commence at six weeks
- ☑ Progress PROM (full PROM not expected)
- ☑ Begin PROM IR as tolerated
- ☑ Begin Shoulder AA/AROM as appropriate
  - Supine forward flexion and elevation in scapula plane
  - Supine ER and IR in the scapula plane
- ☑ Begin supine gentle scapulothoracic rhythmic stabilisation and alternation isometrics as appropriate. Minimise deltoid recruitment
- ☑ Progress strengthening of elbow, wrist hand
- ☑ Gently introduce glenohumeral and scapulothoracic joint mobilisation as indicated (Grade 1 and II).
- ☑ Begin light ADL on affected side
- ☑ Week 9 begin glenohumeral IR and ER sub-maximal pain-free isometrics
- ☑ Week 9 begin gentle periscapular and deltoid sub-maximal pain-free isotonic strengthening
- ☑ Week 9 progress AROM forward flexion and elevation in scapula plane with light weights
- ☒ Avoid shoulder hyperextension
- ☒ No lifting of anything heavier than coffee cup
- ☒ No supporting of body weight by involved limb
- ☒ Avoid repetitive shoulder AROM if poor shoulder mechanics

PHASE 3 STRENGTHENING

3 MONTHS TO SIX MONTHS

- ☑ PROM
  - IR – as tolerated
  - Posterior capsule stretches as tolerated
- ☑ AAROM Active Assisted Range of Motion
  - A/AROM of Cervical spine, elbow, wrist and hand
  - Progress patient pain-free PROM and AROM exercises
- ☑ Begin light ADL on affected side.
- ☑ Progress with gentle resistance exercises using Theraband at home.
- ☒ No lifting objects heavier than 2.5kg in affected shoulder.
- ☒ No sudden lifting or pushing
- ☒ No lifting objects above shoulder height

PHASE 4 GYM PROGRAM

> 6 MONTHS

- ☑ Gym Program provided by therapist
- ☑ Program performed 3-4 times pw
- ☑ Focus on continued strength gains and return to functional/recreational activities
- ☑ Begin above shoulder height lifting

DID YOU KNOW?

Did you know? According the National Joint Replacement Registry reverse shoulder replacements now account for 69% of all total shoulder replacements in Australia. Reverse Shoulder Replacement Procedures generally have good outcomes, however there is a greater risk of dislocating your shoulder after the procedure than with standard TSR. Avoidance of shoulder extension past neutral and combination shoulder adduction and internal rotation should be avoided for 12 weeks' post operatively according to the Boston Shoulder Institute Guidelines on which I base my protocol.

Elbow flexion

Scapular strengthening

Pendular reach

Shoulder internal assisted rotation