



REVERSE TOTAL SHOULDER ARTHROPLASTY REHABILITATION GUIDE

| PHASE | SUGGESTED INTERVENTIONS | TO ADVANCE TO NEXT PHASE |
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| <p>PRE-OP EDUCATIONAL PHASE</p> <p>1-2 EXPECTED VISITS</p> | <p>Goal: -Discuss details encompassing anatomy, existing pathology, post-operative rehabilitation schedules, bracing protocols, and anticipated progressions in the aftermath of a surgical procedure constitutes a comprehensive and vital aspect of the overall healthcare process. Discuss the use of braces during the recovery period, detailing types, duration, and any adjustments based on the surgical procedure.</p> <p>ROM: -Have a discussion of Range of motion expectations through the rehabilitation progress - will be based on individual performance through every progression phase.</p> <p>-Offer education on key aspects, including the proper method for donning and doffing immobilizers, dressing techniques, home exercise programs (HEP) post-surgery, and strategic planning for obtaining assistance at home.</p> | <p>Criteria:</p> <ol style="list-style-type: none"> 1. Enhance range of motion (ROM) and strength preoperatively. 2. Educate on post-surgery restrictions and their timelines. 3. Provide guidance on preparations for home and securing assistance after surgery. 4. Educate on the Home Exercise Program (HEP). 5. Instruct on the proper technique for donning and doffing slings. |
| <p>PHASE I ACUTE PHASE</p> | <p>Goal: -Immediate Postoperative Guidelines - Ensure safety during mobilization and transfers, emphasizing Home Exercise Program (HEP) adherence and the prescribed icing schedule. Instruct on proper techniques for donning/ doffing the sling and dressing. Provide clear precautions, including refraining from active motion of the surgical shoulder, wearing the sling except during exercises, avoiding support of body weight with the involved hand, and maintaining cleanliness and dryness of incisions. This comprehensive guidance promotes a secure and effective recovery process.</p> <ul style="list-style-type: none"> - Avoid active motion of the surgical shoulder. - Wear the sling at all times, except when performing prescribed exercises. - Refrain from supporting body weight with the involved hand. - Maintain cleanliness and dryness of incisions. <p>ROM: ACTIVE ASSISTED RANGE OF MOTION (AROM) -Exercises for the elbow, wrist, and hand, followed by AROM for the wrist and hand, incorporating gripping exercises.</p> <p>PASSIVE RANGE OF MOTION (PROM) -Flexing and scaping to 90 degrees as per the surgeon's preference. Additionally, execute PROM External Rotation (ER) to 30 degrees and PROM Internal Rotation (IR) to the chest wall, aligning with the surgeon's preferences.</p> <p><i>*Ask a healthcare provider for recommended exercises during this phase</i></p> | <p>Criteria:</p> <ol style="list-style-type: none"> 1. Guidance for Home Exercise Program (HEP), Assessment and Education on Mobility. 2. Dressing, and Self-Care 3. Guidance Regarding Limitations |

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| <p>PHASE II PEAK PROTECTION PHASE 0-2 WEEKS</p> <p>4-6 EXPECTED VISITS</p> | <p>Goal: -Adhere to a regimen of limited active motion for the surgical shoulder, maintaining consistent sling use, except during prescribed exercises. Avoid shoulder hyperextension and refrain from supporting body weight with the affected extremity to safeguard the healing process. Additionally, prioritize the cleanliness and dryness of the incision site to facilitate optimal recovery.</p> <p>ROM: ACTIVE ASSISTED RANGE OF MOTION (AROM) -Encompassing movements for the elbow, wrist, and hand. Additionally, include exercises specifically designed for the cervical spine (C-spine). This approach ensures engagement in therapeutic movements for both upper extremities and the neck.</p> <p>PASSIVE RANGE OF MOTION (PROM) -Exercises for flexion and scaption, reaching up to 90 degrees. Execute PROM for external rotation (ER) to 30 degrees in the scapular plane and internal rotation (IR) towards the chest wall.</p> <p>Recommended Applications: -Utilize cryotherapy and electrical stimulation at your availability. -Refrain from using heat for a duration of 2 weeks.</p> <p><i>*Ask a healthcare provider for recommended exercises during this phase</i></p> | <p>Criteria:</p> <ol style="list-style-type: none"> 1. Alleviate pain and swelling. 2. Commence early Passive Range of Motion (PROM) exercises with the objective of achieving 75-90 degrees of flexion/scaption and 20-30 degrees of external rotation (ER) in the scapular plane. |
| <p>PHASE III SHIELDED PASSIVE MOBILITY PHASE 3-4 WEEKS</p> <p>4-6 EXPECTED VISITS</p> | <p>Goal: -Maintain the consistent use of the sling for support. Refrain from carrying or lifting objects and avoid engaging in active motion with the surgical shoulder. This combined approach is essential for promoting proper healing and minimizing stress on the recovering shoulder during the designated period.</p> <p>ROM: ACTIVE ASSISTED RANGE OF MOTION (AROM) -Continue encompassing movements for the elbow, wrist, and hand. Additionally, include exercises specifically designed for the cervical spine (C-spine).</p> <p>PASSIVE RANGE OF MOTION (PROM) -Flexion and scaption as tolerated (pain-free). Achieve external rotation (ER) to 30 degrees in the scapular plane and internal rotation (IR) to the chest wall.</p> <p>Recommended Applications: -Utilize cryotherapy and electrical stimulation at your availability.</p> <p>Manual Therapy: -Implement soft tissue mobilization. -Conduct scapular mobilization. -Administer light glenohumeral joint (GHJ) mobilization (Grade I) for pain control.</p> <p><i>*Ask a healthcare provider for recommended exercises during this phase</i></p> | <p>Criteria:</p> <ol style="list-style-type: none"> 1. Experience minimal pain during daily activities involving the affected upper extremity. 2. Exhibit minimal to no swelling (edema). 3. Attain Passive Range of Motion (PROM) of 90-120 degrees for flexion, 30 degrees for external rotation (ER), and internal rotation (IR) to the chest wall. |



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| <p>PHASE IV ASSISTIVE MOBILITY & MUSCLE ACTIVATION PHASE 5-6 WEEKS</p> <p>7-8 EXPECTED VISITS</p> | <p>Goal: -Gradual transitioning from the sling is encouraged between 4-6 weeks, based on the surgeon's preference. Additionally, Active Assisted Range of Motion (AAROM) can be introduced at 4 weeks, if it is well-tolerated. Simultaneously, the commencement of submaximal isometric exercises is also recommended at the 4-week mark, with the level of tolerance being a key factor in determining the pace of these activities.</p> <p>ROM: ACTIVE ASSISTED RANGE OF MOTION (AROM) -Utilize exercises encompassing flexion, abduction, ER, IR, extension, adduction, horizontal abduction, and adduction.</p> <p>PASSIVE RANGE OF MOTION (PROM) -As tolerated, particularly focusing on external rotation (ER) in the scapular plane.</p> <p>Recommended Applications: -Implement cryotherapy/thermotherapy as deemed appropriate.</p> <p>Manual Therapy: -Incorporate soft tissue mobilization. -Perform scar mobilization. -Administer light glenohumeral joint (GHJ) mobilization. -Include scapular mobilization techniques.</p> | <p>Criteria:</p> <ol style="list-style-type: none"> 1. Mitigate muscular inhibition and atrophy. 2. Achieve Passive Range of Motion (PROM)/Assisted Active Range of Motion (AAROM) of 120 degrees for flexion, 45 degrees for external rotation (ER), and internal rotation (IR) to the belt line. |
| <p>PHASE V ACTIVE MOBILITY PHASE 7-10 WEEKS</p> <p>9-12 EXPECTED VISITS</p> | <p>Goal: -Maintain the continuity of the preceding exercises, ensuring a seamless transition into the next phase. Active Range of Motion (AROM) activities should commence at the 6-week mark, progressing the rehabilitation process. Encourage the use of the affected Upper Extremity (UE) in most of the Activities of Daily Living (ADLs), fostering practical integration and functional recovery.</p> <p>ROM: ACTIVE ASSISTED RANGE OF MOTION (AROM) -Onset - Introduce AROM exercises at 6 weeks.</p> <p>PASSIVE RANGE OF MOTION (PROM) -Continue the progressions in ROM through multiple recommended activities, as tolerated.</p> <p>Manual Therapy: -Continue joint mobilizations if impingement signs persist or if there is a lack of Range of Motion (ROM).</p> <p><i>*Ask a healthcare provider for recommended exercises during this phase</i></p> | <p>Criteria:</p> <ol style="list-style-type: none"> 1. Achieve Active Range of Motion (AROM) of 140 degrees for flexion, 60 degrees for external rotation (ER), and internal rotation (IR) to the lumbar spine, acknowledging that individual outcomes may vary based on diagnosis and co-morbidities. 2. Attain a strength level of Grade 3/5. 3. Resume utilization of the involved Upper Extremity (UE) for light Activities of Daily Living (ADLs). |
| <p>PHASE VI ADVANCED STRENGTHENING & MOBILITY PHASE 13-20 WEEKS</p> <p>12+ EXPECTED VISITS</p> | <p>Goal: -Initiate the strengthening phase of the rehabilitation program at the 10-week mark. However, it is imperative to exercise caution and refrain from engaging in high-velocity activities during this period.</p> <p>ROM: -Continue a variation in recommended exercises as needed.</p> <p>Begin light resistance (1-2 lbs) for strengthening at 10 weeks, adjusting based on tolerance or as directed by the physician.</p> | <p>Criteria:</p> <ol style="list-style-type: none"> 1. Resume advanced functional activities without restrictions. |

