

Postop Reversed Total Shoulder

Therapy Rehab Protocol

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Instructions to patient: Take this written protocol to your therapist. If you do not have therapy scheduled to start within 1 week of seeing Dr. Metzger, please call Dr. Metzger's office so that any problems or conflicts can be resolved and therapy begun. Dr. Metzger thinks that therapy is very important to your good recovery, and that your outcome will not be as good if you do not have the therapy as prescribed

Instructions to therapist: Below are specific guidelines which are just that-guidelines. Every patient is different and there is room for adjusting protocol depending on progress. There should NEVER be ANY pain during ANY part of the rehabilitation. Pain causes inflammation which causes scar and stiffness and guarding and worsens the long-term prognosis.

Observe Dislocation Precautions for first 12 weeks after surgery:

- No internal rotation/adduction/extension (avoid tucking in shirt or hooking bra behind back)
- No glenohumeral extension beyond neutral
- Advise propping elbow forward of body when lying down and sleeping, supported with a pillow under the elbow. Tell patient to always be able to see the elbow when lying down.

Weeks 1-6 (Phase I)

- Teach patient/family how to put on and take off shirt using gravity to abduct arm from body
- Keep wound clean and dry; ok to soak after 2 weeks when staples/sutures out
- Modalities and needed for pain control and inflammation
- Immobilizer full-time except bathing (gravity abducts the arm) and exercises:
 - Pendulums
 - Passive forward flexion limited by pain
 - Wall walking facing wall, and side-to-wall
 - Periscapulars (protraction, retraction, shrugs, shoulder circles done with no weights or therabands)
 - Bicep / tricep isometrics. NO deltoid isometrics.
 - Elbow / wrist / hand AROM
- Precautions:
 - No lifting any objects with the operated hand

- No supporting body weight by leaning on operated arm
- No active abduction, flexion, extension or rotation in this phase
- No driving

Week 6-12 (Phase II)

- Discontinue immobilizer, use sling as needed
- Continue modalities as needed
- Consider aquatherapy (if able) for ROM, in patients who progress slowly. Do not substitute aquatherapy for the exercises outlined below
- Continue phase I exercises
- Postural awareness
- Most patients will not reach full ROM. In general, ROM goals are enough to be able to tuck the shirt in behind the back, and reach with the elbow above the shoulder.
- To that end, early stretching, very gently, causing no or minimal pain
 - Wand exercises for ER
 - Towel / wand exercises for IR
 - Any other stretching techniques needed
- Postural awareness
- Precautions:
 - No lifting any objects >5lbs with the operated hand
 - No supporting body weight by leaning on operated arm
 - May progress to dressing and minor ADLs
 - May drive after week 8

Week 12-16 (Phase III)

- Initiate strengthening
 - Light place-and-hold at 90 flexion, scaption, and abduction
 - Therabands in all directions allowed
 - Light dumbbells and cable row exercises ok, with very low weight and high reps (minimum 15 done easily with no breaks in posture or motion of the trunk/abdomen)
 - Continue with scapular stabilizers
 - Avoid cross-chest position which can compress AC joint
 - Never do upright rows
 - With pull-down exercises for the traps, patient should always see the back of the hands
 - Weights should be handled slowly, with complete control and smooth rhythm. If the patient jerks or moves the body, too much weight is being used
- Advance strengthening as needed with no limitations other than pain

- Return to normal activities of daily living including hobbies such as gardening
- Become independent with home exercise program