

TOTAL SHOULDER REPLACEMENT and REVERSE TOTAL SHOULDER REHAB GUIDELINES

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INDIVIDUAL CONSIDERATIONS: please check op report for information regarding procedure and sling usage; if combined with rotator cuff repair, adhere to RCR protocol

PHASE 1: protective healing (2-6 weeks)

Post-op PT eval at 2 weeks:

- Remove post-op bandages!, assess incision and surgical site and place new dressing/bandage at end of session if needed
- Take off sling and assess PROM per protocol parameters
- Teach and review importance of sling usage, need to avoid active ROM, no pushing through operate UE, activities to avoid, use of ice

PRECAUTIONS:

- ***Total Shoulder position of dislocation is shoulder abduction combined with external rotation! Avoid combined motion for up to 12 weeks post-op!***
- ***Reverse Total Shoulder position of dislocation is shoulder ext with IR and adduction (tucking in shirt, wiping, etc)! Avoid for up to 12 weeks post op!***
- ***AVOID IR stretch with strap for reverse total shoulders!***

Sling Use

- Use constantly for first 6 WEEKS, only remove for showers/hygiene and pendulums/PT exercises

Goals at 6 weeks:

- Control inflammation and pain—cryocuff 3-4 times a day

SUGGESTED THERAPEUTIC EXERCISES:

- Pendulum exercises
- Painless PROM in all planes- forward flexion to 120* and external rotation to 20*
- No active ROM
- Elbow and wrist AROM exercises
- UT stretching, levator scap stretching, cervical retractions
- Scap retractions, shoulder shrug AROM

PHASE 2: Restore ROM (6-12 weeks)

Criteria: Pain-free PROM forward flexion to 120*, ER to 20*

Sling Use

- Discharge sling by 6 weeks

Goals:

- Full, pain-less PROM, progress AAROM and then AROM for total shoulders
- **Functional**, pain-free PROM, progress to AAROM and then AROM for reverse total shoulders

SUGGESTED THERAPEUTIC EXERCISES:

- PROM in all directions
- AAROM may begin
 - AAROM supine with dowel: flexion, abd, ER (do not force ER)
 - Perform ER in 0* abd to maintain precautions for total shoulders
 - Avoid extension for reverse total shoulders
 - Table slides and progress to wall slides
- Progress to AROM once AAROM adequate (do not force ER)
 - AROM in all planes (avoid ER in abduction to maintain precautions of totals and avoid ext with add/IR for reverse total shoulders)
 - Flex, abd, ER, IR in supine and standing
 - s/l ER and s/l abd
 - Prone ITY, row
 - Ball on wall (non-weighted ball)
- Begin submax, isometric RC strengthening
 - Start supine into PT hand and then progress to standing presses into wall
 - PT applied rhythmic stabilization with arm at side (0* flexion and elbow bent to 90*), progress to 90* flexion of shoulder, elbow straight
- STM as indicated for pain-control – avoid scar massage
- Elbow and wrist AROM exercises
- UT stretching, levator stretching, cervical retractions
- Scap retractions, shoulder shrug AROM

PHASE 3: Strengthening (12 weeks+)

Criteria:

- WNL PROM and AROM, pain-free for total shoulders
- WFL PROM and AROM, pain-free for reverse total shoulders

Goals:

- Shoulder and UE strengthening

SUGGESTED THERAPEUTIC EXERCISES:

- Continue with AROM, Sub-max isometric strengthening

- AROM in all planes
 - Flex, abd, ER, IR in supine and standing
 - s/l ER and abd
 - Prone ITY, row
- **Light** strengthening- begin with light resistance first and gradually progress to dumbbells (<5 lbs) in all planes—initiate once pt is able to elevate arm in scap plane without hiking
 - s/l ER and abd
 - Prone ITY, row
 - Supine SA punch, horizontal abd, B ER, D2 diagonal
 - Wall walks, wall clocks
 - Weighted ball on wall
- Continue to progress strengthening- correct UT compensation and shoulder/scap hiking
 - Standing ITY
 - IR and ER with tubing (elbow at side with towel roll under arm)
 - Body blade
 - Progress weight machine (row, lat pull down, OH press, ect)