

# Greg Takenishi, MD

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### **Physical Therapy Protocol**

## **Reverse Total Shoulder Arthroplasty**

**General Guidelines** 

Maintain surgical ROM early, don't push it

This is a constrained implant. No manual joint mobilization or hands-on stretching

No combined shoulder adduction, IR, & extension; i.e. no motion behind the back

No glenohumeral extension beyond neutral

No weightbearing on operative arm

No lifting anything heavier than a full coffee cup with the operative extremity

These precautions should be followed for the first 12 weeks post-operatively

ROM goals: Forward flexion 90 degrees at 2 weeks, 120 degrees at 3 weeks, 140 degrees at 4 weeks and then full range of motion.

Phase 1 (Weeks 0-3)

Goals:

Reinforce precautions

Control pain and inflammation

Instruct in home exercises for elbow, wrist, and hand – start immediately, maintain full elbow ROM

Begin postural exercises and shoulder activation

Begin Pendulums/Codman exercises at 2 weeks postop

Instruct in ADL's, e.g. putting on/taking off sling and clothing

Instruct in bed mobility & transfers without weightbearing on operative arm

#### **Precautions:**

As per the General Guidelines

Wear the sling at all times except for exercises, dressing, and showering

Patients may shower after 3 days – do not remove steri-strips, No soaking wound until 6 weeks and when incision completely healed with no drainage



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Phase 2 (Weeks 4-6)

Goals:

Begin to wean from the sling to wear at night and while out of the house Control pain and inflammation

Begin light AAROM

Begin light scapular strengthening

Begin sub-maximal pain-free deltoid isometrics in scapular plane

Phase 3 (Weeks 6-12)

Goals:

Discontinue sling

Begin AROM against gravity in straight planes, i.e. no combined motions Progress to light closed-chain exercises

Begin gentle glenohumeral IR and ER sub-maximal pain-free isometrics

Phase 4 (Beyond 12 weeks)

Goals:

Can begin AROM with combined motions against gravity
Begin light strengthening but no lifting greater than 6 pounds
Advance to functional activities to enhance function of operative extremity