SAN FRANCISCO shoulder elbow & hand CLINIC

DR. JAMES KELLY

REVERSE TOTAL SHOULDER PHYSICAL THERAPY PROTOCOL

General Guidelines:

- Maintain surgical motion early, but don't push it.
- Strengthen the surrounding musculature-this can start anytime.
- Alternate between pool and land therapy.
- No pulleys in first 6 weeks.
- Most Reverse patients are sent to outpatient therapy at 6 weeks postop.
- Dislocation is concern during first 12 weeks: Avoid extension of arm during this period!!!
- The Reverse prosthesis is a semi-constrained device, and normal range of motion is not often achieved, especially to internal rotation.
- Passive (therapist hands on) manipulation of a reverse total shoulder is NOT recommended!!!

This is a gradual progression, not a stepped progression!!

Outpatient Rehab

Phase I 0-3 weeks post op

SLING:

- On except for:
  - Exercises
  - Dressing
  - Eating
  - Shower: Most have subcuticular closure with glue and
  - may shower immediately.
  - When supine, keep elbow forward of midline to reduce
  - arm falling into extension (risk factor for dislocation)
  - Pendulums and Codman's ex's
- Independently performed by patient
- Therapist to confirm patient performance
  - Maintain hand strength
  - Maintain normal motion at the elbow/wrist
  - Maximum ER to Neutral

ADDRESS: 2351 Clay Street, Ste. 510 • San Francisco, CA 94115 • PHONE: 415-392-3225 • FAX: 415-928-1035
EMAIL: contactus@sanfranortho.com • WEB: www.sanfranortho.com

SAN FRANCISCO shoulder elbow & hand CLINIC

3-6 weeks post op

- SLING
  - Wean
  - Wear at night and when out of house
    - Keep arm from extending at night
  - Don't use arm to push up out of chair!!!
  - Supine AAROM (FF 90, ER neutral)
  - Pool for PROM and AAROM (water is the assistance)
    - Use combined motions and teach fluidity of movement.
    - 10 reps with combined movements in pool.
  - Light scapular strengthening (i.e. scapular setting, gentle MR scap protraction and retraction).

See pt 1-2x/week; mainly in the pool, if possible. Develop HEP for pt to work on PROM both in the pool and on land.

Phase II 6-12 weeks

- Discontinue sling
- Continue with PROM.
- More AAROM on land
  - Progress from SUPINE to SEATED, then to STANDING Position.
- At 6 weeks begin AROM on land, against gravity (straight planes only, no combined motions.)
- Pool – continue
  - AAROM and AROM
  - Progress to some light closed-chain proprioceptive ex's (wall washing)
    - Arm bike with no resistance.

See 1-2x/week, (increase frequency to 3x/week if ROM is not progressing.)

- Can begin AROM with COMBINED MOTIONS at 3 months (on and, against gravity).
- Begin light strengthening
  - Begin strengthening for lats, rhomboids, biceps/triceps, pecs, and deltoids.
  - Pool – continue
  - Use floats and paddles for light resistive work in the pool.

See pt 2x/week, then transition to independent home ex program.

ADDRESS: 2351 Clay Street, Ste. 510 • San Francisco, CA 94115 • PHONE: 415-392-3225 • FAX: 415-928-1035
EMAIL: contactus@sanfranortho.com • WEB: www.sanfranortho.com

SAN FRANCISCO shoulder elbow & hand CLINIC

Final Goal:

Usually AFF 130. If the posterior rotator cuff is intact, AER to 30-45.Without a posterior rotator cuff and following a latissimus dorsi tendon transfer, AER to neutral can be expected. Internal rotation is typically less than an anatomic total shoulder, and patient may only achieve reach to lower lumbar spine.

External rotation strength is dictated by the integrity of the posterior rotator cuff!!! If the posterior rotator cuff is completely torn and a tendon transfer is NOT performed, the patient will not have strength to external rotation, and therefore can't perform theraband exercises in external rotation. In addition reaching the face and head may be impossible.

The Reverse prosthesis is a salvage procedure, meaning it is intended to treat shoulder rotator cuff tears with arthritis, which are NOT reconstructable. The failure rates at this juncture are higher than an anatomic prosthesis, and therefore the lifting limit is set lower, specifically 15#.

ADDRESS: 2351 Clay Street, Ste. 510 • San Francisco, CA 94115 • PHONE: 415-392-3225 • FAX: 415-928-1035
EMAIL: contactus@sanfranortho.com • WEB: www.sanfranortho.com