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THErapy PROTOCOL FOR REVERSE SHOULDER ARTHROPLASTY

Note: While this is intended to be a guide, please tailor progression to the patient's surgical procedure and response to treatment. The diagnosis, the surgery performed, and the patient's pre-operative level all play important roles in the post-operative period. This protocol is a general timeline, and can be accelerated or decelerated according to each individual situation. The protocol is NOT intended to be a comprehensive outline of all activities and restrictions.

This therapy protocol is intended for current patients of Dr. Hansen who are actively under his care. Dr. Hansen reserves the right to change all or part of this protocol based on individual patient progress. Please contact our office if you have questions or concerns.

Thank you for your care of our shared patient!

Frequency: 2-3 times per week for 12 weeks

General Information:

- Surgery may also include one or more of the following:
 - Latissimus dorsi transfer
 - Biceps tenodesis
 - Pectoralis major repair
- Emphasis on early ROM to prevent contracture

1) Phase 1: Weeks 0-3

Goals: Decrease soreness and swelling, gently increase passive range of motion to tolerance, inhibit further muscle atrophy

a) Precautions

- i) Use sling night and day for up to 4-6 weeks WITH ABDUCTION PILLOW
- ii) No lifting, pushing, pulling or carrying surgical arm
- iii) No AROM biceps to protect biceps tendon repair
- iv) No ROM behind back
- v) Slow timeline of passive IR and resisted ER to protect latissimus dorsi transfer
- vi) NOTE: Surgery does NOT include rotator cuff repair

- b) Day of surgery:
 - i) Pendulums
 - ii) AAROM elbow/wrist/hand
 - iii) Cold therapy
- c) Weeks 0-3
 - i) PROM as tolerated, when pain allows begin A/AAROM
 - (1) ER/IR to 30 degrees
 - (2) Flexion to 90+ degrees
 - ii) Use sling night and day for 2 weeks WITH ABDUCTION PILLOW, then as needed
 - (1) Use sling in public
 - iii) Deltoid isometrics (except with latissimus transfer)

2) Phase 2: Weeks 4-6

Goal: Advance PROM

- a) Precautions
 - i) No lifting, pushing, pulling or carrying with surgical arm
 - ii) Use sling in public
- b) Weeks 4-6
 - i) Advance PROM as tolerated
 - (1) Aggressive advancement of IR is not indicated
 - (2) Full ER as tolerated
 - (3) Full flexion
 - ii) Continue deltoid isometrics

3) Phase 3: Weeks 7-12

Goal: Advance AROM

- a) Precautions
 - i) No lifting >5 lbs
- b) Weeks 7-8
 - i) Advance A/ AAROM as tolerated
- c) Weeks 9-11:
 - i) Full AROM as tolerated
- d) Week 10-12:
 - i) Gradual advancement of strengthening if full AROM achieved

4) Phase 4: Weeks 12+

Most patients will complete therapy between weeks 12-16 in favor of a home program

- a) Precautions
- b) Weeks 12-16:
 - i) Gradual strengthening & activity advancement
- c) Lifetime lifting restriction 25 lbs.

Guide to advance activity (as tolerated and pending surgeon approval):

- 3 weeks: sedentary work
- 10-12 weeks: driving pending progress
- 3-4 months: manual job, advance sport specific activities
- 4+ months: advance activity as tolerated, initiate golf advancement