

PROTOCOL FOR REVERSE SHOULDER REPLACEMENT

AIMS OF EARLY REHABILITATION STAGE

- Protect surgery site
- Minimise adverse effects of immobilisation
- Ease pain
- Independent with ADLs with modifications

INPATIENT REHABILITATION

Check op notes – may have had latissimus dorsi/subscapularis repair. Follow post op instructions.

PRECAUTIONS:

No extension beyond neutral. Whilst lying supine the humerus should be supported by a pillow to avoid shoulder extension. Patients should be advised to “be able to see elbow whilst lying down”
No weight bearing, e.g., walking with crutches, zimmer or pushing up from a chair or bed
No lifting objects with operated arm
No active ROM
No adduction/internal rotation for 6/52 (avoid hand behind back)
No abduction/external rotation for 6/52
No lifting (limit to cup/eating utensils)

Cryotherapy 4 – 5 times a day

Immobilise in sling for 6 weeks
Elbow, wrist and hand exercises
Active exercises of cervical spine
Scapular setting and posture correction
Assisted flexion to 90 degrees, e.g., table slides
Passive external rotation to 30 degrees

OUTPATIENT REHABILITATION

1 – 3 weeks

As above.
Pulleys to 90 degrees. Tables slides.
Gentle (less than 30% of maximum) isometric exercises for anterior, middle and posterior deltoid.
Be careful not to extend shoulder past neutral on recruiting posterior deltoid.

3 – 6 weeks

Progress assisted ROM - flexion and abduction in the scapular plane to 120 degrees
- external rotation to tolerance
Anterior deltoid strengthening in supine- eg holding at 90 degrees flexion, small circles in this position, rhythmical stabilisations.
Wrist and elbow strengthening

AIMS OF INTERMEDIATE REHABILITATION STAGE (6 WEEKS-12 WEEKS)

- Continue to progress passive range of movement – full ROM not expected
- Gradually restore active range of movement
- Re-establish dynamic shoulder stability
- Improve strength and endurance of shoulder musculature

PRECAUTIONS:

Continue to avoid shoulder hyperextension
Restrict lifting of objects to no more than a cup of coffee
No weight bearing

6 – 9 weeks

Continue with assisted range of movement program
Hand behind back stretches
Push external rotation ROM
Progress anterior deltoid exercises to long level active movement in supine and scapular plane
Progress banister slides and wall slides in flexion and scapular plane
Active range of movement in all planes progress from short lever to long lever
Strengthen external and internal rotation – sub maximum pain free isometrics
Address any scapular dyskinesia
Encourage light ADLS.

OPTIONS FOR FAILURE TO REACH MILESTONES

Hydrotherapy
Occupational therapy
Pain clinic

9 – 12 weeks

Deltoid strengthening in supine with light weights at varying degrees of trunk incline
Isotonic strengthening of internal and external rotation and abduction (yellow or red theraband)

AIMS FOR ADVANCED REHABILITATION STAGE

Maximise functional capacity
Increase strength, power and endurance of upper limb

PRECAUTIONS:

No lifting of objects heavier than 3kgs
No sudden lifting or pushing activities

12+ weeks

Increase through range resisted exercises in standing
Can now include weight bearing exercises
Prescribe functional exercises to suit the patient's individual needs

CRITERIA FOR DISCHARGE

Patient is able to maintain comfortable shoulder active ROM demonstrating good movement patterns (typically 80-120 degrees of elevation with functional external rotation of about 30 degrees).

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REFERENCES

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