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**Reverse Total Shoulder Replacement or Hemiarthroplasty PT (For Fractures)**

\*\*Use this PT protocol for all replacements done for fractures

Key is preserving the tuberosity repair for 6 weeks.

***NO PT For first 2 weeks.***

\*Important rehab guidelines to consider

- Avoid shoulder Ext past neutral for 12 weeks
- Avoid internal rotation, abduction and extension as patients have a high likely hood of dislocation with combined movements. Such as tucking in their shirt, and performing bathroom/ personal hygiene
  - Stability and mobility of the shoulder is now dependent on the Deltoid and periscapular function in patients with a rTSA
  - Restoration of Full Normal ROM is NOT expected

-Use of sling for 6 weeks

-No isometrics until 6 weeks

-No AROM Flex for 6 weeks

-No IR until 6 weeks

-No deltoid strengthening for 12 weeks

- No impact activities

**Phase 1 ( 1 to 4 weeks )**

- Sling for 4-6 weeks
- No shoulder Extension past neutral
- No AROM
- No lifting
- No supporting body weight
- A/AAROM Elbow, wrist, hand
- Periscapular sub max isometrics
- PROM only - Flex in scapular plane 90 deg - ER in scapular plane 20-30 deg - NO IR

**Phase 2 ( 4 weeks )**

- Begin Sub max pain free isometrics ( avoid shoulder ext )

- PROM in a scapular plane
  - o Flexion to 120 deg
  - o ER to 45 deg
  - o Abd to 70
  - o NO IR ( 6 weeks )
- PROM
  - o ER to 60 deg
  - o Begin IR to tolerance \*\*NOT to exceed 50 deg
- Initiate GH and ST joint mobs ( grade 1 and 2 )
- Begin Shoulder AAROM as tolerable with progression to sitting/standing

### **Phase 3 ( 9 weeks )**

- Begin periscapular and deltoid sub max pain free deltoid isotonic/ PRE exercises
- Begin AROM supine forward flexion with light weights
- Progress GH joint IR and ER isotonic therapy and progress sidelying to standing

### **Phase 4 (12 weeks +)**

- Continue to progress isotonic and PRE's
- Progress AROM, proper mechanics, pain free ROM typically 80-120 deg of elevation and 30 deg of ER
- Progress act to tolerate light house hold and work act.