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SPORTS MEDICINE

REVERSE TOTAL SHOULDER ARTHROPLASTY

The goal of the rehabilitation process is to provide greater joint stability to the patient, while decreasing their pain and improving their functional status. The goal of the surgery & rehab (bone loss, muscle loss) is joint stability and less joint mobility. The key to the success of the rehabilitation following shoulder replacement is compliance to your exercise program.

Precautions (should be implemented for the first 12 weeks following surgery- unless the surgeon specifically advises the patient differently):

- No shoulder motion behind back (back pocket motion)
- No excessive shoulder horizontal abduction
- No active external rotation behind head or neck
- No shoulder extension beyond the body

PHASE ONE - IMMEDIATE PROTECTED MOTION PHASE (Week 0-6)

PRECAUTIONS

- Sling during day and at night (worn for 6 weeks)
- When laying supine use pillow under arm to support glenohumeral joint

WEEKS 0-3

ROM

- Passive Range of Motion ONLY
 - Flexion (0-60 degrees)
 - ER (at 30 degrees Abduction) 0 degrees
 - IR (at 30 degrees Abduction) 30 degrees
- Pendulum Exercises
- Elbow/Wrist AROM

STRENGTH

- Gripping Exercises
- Scapula retractions
- Shoulder shrugs
- PAIN FREE isometrics in neutral
 - Abduction
 - IR/ER

WEEKS 3-6

ROM

- PROM
 - Progress flexion to 90 degrees
 - ER/IR at 30 degrees abd scapular plane
- Pendulum exercise
- Rope and pulley week 3 to 4

STRENGTH

- Continue previous
- Initiate rhythmic stabilization drills in supine

MODALITIES

- MHP prior to therex
- Ice following therex
- Ultrasound/E-stim as needed

GOALS PHASE ONE

- Allow early healing of capsule
- Restore passive range of motion
- Decrease shoulder pain
- Retard muscular atrophy
- Patient education

II. PHASE TWO - ACTIVE MOTION PHASE (Week 6-12)

WEEKS 6-8

ROM

- Progress PROM
 - Flexion to 90-115 degrees
 - ER/IR at 45 degrees abduction scapular plane
- AAROM
 - AA Flexion supine
 - ER/IR at 45 degrees abd with cane/Tbar
- **Do not aggressively push ROM into ER**
- Continue rope and pulley to tolerance

STRENGTH

- Continue previous
- Initiate isom flexion/ext pain-free with shoulder in neutral
- Supine active flexion with elbow bent
- Supine protraction
- Prone row to neutral only

WEEKS 9-12

ROM

- Progress PROM/AAROM to tolerance
 - Flexion to 120-125 degrees
 - ER/IR at 90 degrees abduction (goal is 45-50 degrees of ER motion)

STRENGTH

- Initiate AROM
 - Side-lying flexion
 - Supine flexion
 - Side-lying ER
- Theraband ER/IR
- Standing Flexion
- Standing scaption
- Prone rows
- Prone ext to neutral only
- Biceps/Tricep
- Rhythmic stab in standing
- May perform pool exercises

MODALITIES

- MHP prior to therex
- Ice following therex
- Ultrasound/E-stim as needed

GOALS PHASE TWO

- Improve Shoulder Strength
- Gradually progress Active/Passive Range of Motion
- Decrease Pain/Inflammation
- Increase Functional Activities
- Do not over stress healing tissue

III. PHASE THREE – MODERATE STRENGTHENING/ACTIVITY PHASE (WEEKS 12-16)

ROM

- Continue above to meet following goals
 - PROM: Flexion 0-145 degrees
 - ER (at 90 degrees Abduction) 33-55 degrees
 - IR (at 90 degrees Abduction) 45-55 degrees

STRENGTH

- Continue above adding resistance as able
- TB extension in standing
- Body blade for stabilization

GOALS PHASE THREE

- Gradually increase PROM
- Initiate active light strengthening exercises
- Gradually initiate functional activities
- Continue precautions with excessive GH joint motion

PHYSICIAN MUST RELEASE PATIENT TO RETURN TO SPORT (GOLF, SWIM, ETC)