



HAND to  
SHOULDER  
CENTER  
of wisconsin

**DR. HENNIGAN**

## REVERSE TOTAL SHOULDER

(Revised 7.7.20)

Surgery Date:

Comments:

Wound: \_\_\_\_\_

Edema: \_\_\_\_\_

Pain: \_\_\_\_\_

ROM: \_\_\_\_\_

Other: \_\_\_\_\_

### **PROCEDURE GOALS:**

- Shoulder pain relief.
- Regain functional shoulder AROM and discourage compensatory movement.
- Regain functional strength with emphasis on deltoid and scapular stabilizer muscles.
- Return to optimal functional/activity level with confidence.
- Establish independence in self-management and performance of home exercise program (HEP).

### **0-2 WEEKS POSTOP (No formal outpatient therapy):**

#### **GOALS:**

- Provide a clean, dry dressing for the incision to encourage wound closure without incident
- Minimize pain and guarding.
- Minimize patient's apprehension of moving upper extremity.
- Reinforce precautions.
- Reinforce importance of wearing brace/sling.

#### **SLING:**

- Wear Bregg sling with one abduction wedge or Lake Effect Shoulder brace at all times, except to complete exercises.

#### **PRECAUTIONS (0-4 weeks):**

- Pendulum position only for putting arm in sleeve when dressing, taking sling on and off and for axillary hygiene.
- Keep incision clean and dry for two weeks and no whirlpool, jacuzzi, ocean/lake exposure
- No Passive ER beyond 30 degrees or extreme active ER
- No reaching behind back (shoulder extension limited to mid axillary line)
  - When supine, keep pillow or towel roll under elbow to avoid extension.
- No supporting body weight with involved arm and no lifting of objects

#### **EXERCISES:**

- AROM and PROM to elbow, wrist and hand out of sling 3-5x/day.

- Gentle PROM in forward flexion to 90 degrees and ER to 30 degrees at side
- Scapular squeezes and postural correction

## **2 WEEKS POSTOP (Initial Therapy Evaluation/Check-in Visit):**

### **GOALS:**

- Reinforce precautions and HEP.
- Reinforce importance of wearing brace/sling and ensure proper fit.

### **SLING:**

- Wear Bregg sling with one abduction wedge or Lake Effect Shoulder brace at all times, except to complete exercises.

### **PRECAUTIONS (same as above)**

### **EXERCISES:**

- Address wound and instruct in scar massage
- Assess ROM within confines of precautions
  - PROM shoulder flexion to 90 degrees
  - AROM ER to 30 degrees
  - Elbow, forearm, wrist and digit ROM
- AROM and PROM to elbow, wrist and hand out of sling 3-5x/day.
- Gentle PROM in forward flexion to 90 degrees and ER to 30 degrees at side
- Scapular squeezes and postural correction
- Patient put on hold from therapy until 4 weeks post op

## **4 WEEKS POSTOP (Start consistent formal therapy):**

### **GOALS:**

- Initiate PROM (full PROM not expected) and the restoration of functional AROM, with emphasis on forward flexion.
- Patient independent in performance of functional tasks with minimal compensation and pain.
- Allow continued healing of soft tissue / do not overstress healing tissue.
- Therapy frequency varies per patient but is typically 1-2 times per week.

### **SLING:**

- Remove abduction wedge from sling. Continue sling when out in public and for sleeping, can be off when at home.

### **PRECAUTIONS:**

- No aggressive passive ER
- No reaching behind back (shoulder extension limited to mid axillary line)

- When supine, keep pillow or towel roll under elbow to avoid extension.
- No supporting body weight with involved arm and no lifting of objects
- No pulley exercises due to increased risk of acromion fracture

**EXERCISES:**

- Pendulum exercises, ensuring no shoulder extension
- AROM/AAROM/PROM for flexion and scaption to patient tolerance.
- AROM/AAROM external rotation with elbow at side to 30 degrees.

**6 WEEKS POSTOP:**

**GOALS:**

- Achieve functional AROM, with emphasis on forward flexion.
- Patient completing light functional tasks with minimal compensation and pain.
- Re-establish dynamic shoulder and scapular stability

**SLING:**

- May discontinue sling

**EXERCISES:**

- AROM/AAROM/PROM for flexion and scaption to patient tolerance.
- Start AROM/AAROM/PROM for shoulder abduction
- Progress with functional IR exercise
- Sub-maximal isometrics with arm at side for shoulder flexion and scaption with progression to maximal isometric contractions
- Initiate dynamic scapular stabilization

**8+ WEEKS POSTOP:**

**GOALS:**

- Patient is able to maintain pain free shoulder AROM demonstrating proper shoulder mechanics. (Typically 80 – 120 degrees of elevation with functional ER of about 30 degrees.)
- Typically able to complete light household and work activities.
- Typically finished with therapy by 12 weeks post op, continue to progress strength as needed.

**EXERCISES:**

- Initiate shoulder strengthening with light weights or Theraband and slowly progress as needed.
- Maximize shoulder AROM, especially forward flexion.

- Gentle passive stretching for ER and IR

### **DISCHARGE FROM THERAPY:**

#### **FUNCTIONAL OUTCOME EXPECTATIONS:**

- Pain relief top priority.
- Functional ROM to allow patient to be independent with all self-care and able to do light activities overhead.
- Able to reach back pocket. May be able to reach behind back to mid beltline, but not expected or realistic for all patients.

#### **OVERALL OUTCOMES:**

- Forward elevation 1<sup>st</sup> priority
- ER 2<sup>nd</sup> priority
- IR low priority
- Abduction lowest priority

#### **LIFETIME RESTRICTIONS**

- No activities that cause compressive force through the shoulder including bench press and push-ups
- No overhead lifting over 10 lb. (No weight restriction with lifting below shoulder height)