

Dr. Stephanie Muh Protocol			
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Reverse Total Shoulder Arthroplasty			
Sling Use	<ul style="list-style-type: none"> • Sling for 1-2 weeks, then comfort only. May come out of sling at home immediately. Must wear sling in public and at night sleeping • May do activities with elbow at waist “read your paper, drink your coffee” • While supine, small towel behind elbow to prevent shoulder hyperextension 		
POD 1 (in hospital)	<ul style="list-style-type: none"> • Passive forward flexion in supine to tolerance • Gentle passive ER in scapular plane to 15 degrees or tolerated • Passive IR to abdomen • Active FROM elbow, wrist, hand • Pendulums if tolerated • Frequent cryotherapy for pain, swelling, inflammation • Patient education regarding proper positioning & Joint protection, sling use • No lifting beyond coffee cup • No pushing out of bed or sitting position with operative arm 		
Phase I: (Passive)	Weeks 1-2	<ul style="list-style-type: none"> • Pendulums to warm-up • “read your paper, drink your coffee” • Passive ROM (FF to 140, Abd 100, ER 40 (scapular plane, IR abdomen)) • May progress to active assisted motion as tolerated • Full ROM elbow, wrist, hand • NO lifting beyond coffee cup • NO supporting weight on operative side • NO driving until off all narcotics • NO soaking until wound healed (2 weeks) • NO sudden movements 	<p>Goals</p> <ul style="list-style-type: none"> • Allow soft tissue to heal • Maintain integrity of joint • Decrease pain and inflammation <p>Criteria for progression to the next phase</p> <ul style="list-style-type: none"> • Tolerate PROM • At least 100 degrees PROM FF • At least 90 degrees PROM Abduction • At least 30 degrees PROM ER in plane of scapula • At least IR to abdomen PROM
Phase II: (active/assistive)	Week 3-6	<ul style="list-style-type: none"> • Pendulums to warm-up • Active assistive ROM with passive stretch to prescribed limits • Supine Forward elevation progress as tolerated to full • Supine External rotation gradually increase to full • Internal rotation gradually increase to Buttock • Start isometric deltoid contractions, scapular strengthening 	<p>Goals</p> <ul style="list-style-type: none"> • Gradually restore full Passive ROM (FF 140, ER 45, abd 100, IR buttock) • Gradually restore Active motion • Re-establish dynamic shoulder stability <p>Criteria for progression</p> <ul style="list-style-type: none"> • Tolerate P/AAROM, isometric program • At least 130 PROM FF, 100

			<p>PROM Abd, 45 PROMER, IR PROM to back L5)</p> <ul style="list-style-type: none"> • Able to elevate shoulder against gravity 100 degrees
Phase III: (resisted)	Week 6-12	<ul style="list-style-type: none"> • Pendulums to warm-up & phase 2 exercises • Scapular mobilization • Internal rotation – gradually to L5/buttock • Deltoid strengthening • Standing forward punch • Rows • Periscapular strengthening • No heavy lifting (nothing greater than 5 lbs) 	<p>Goals</p> <ul style="list-style-type: none"> • Gradual restoration strength, power, endurance • Optimize neuromuscular control • Gradual return to functional activities <p>Criteria for progression</p> <ul style="list-style-type: none"> • Tolerates AA/AROM • Achieved AROM (FF 140, ER 45, Abd 100, IR sacrum)
Phase IV (strengthening)	12 wks & beyond	<ul style="list-style-type: none"> • Home exercises • Gradual progression in strengthening program 	<p>Goals</p> <ul style="list-style-type: none"> • Maintain full non-painful AROM • Maximize use of UE • Maximize strength, power, endurance
4-6 months	Return to recreational hobbies (golf, tennis, gardening, etc)		