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Reverse Total Shoulder Arthroplasty

Name _____ Date _____

Procedure _____

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Frequency 1 2 3 4 5 times/week Duration 1 2 3 4 5 6 weeks

Dressing should be changed at first post op visit using sterile technique. Total joint surgical incisions are typically closed with skin staples. This includes sterile field, sterile gloves, betadine or chlorhexidine skin cleanser and sterile supplies when redressing the wounds. Patients are sent home from surgery with an extra dressing for the therapist to use for first dressing change. When staples are removed, they should be removed with a sterile staple remover.

Weeks 0-6:

- Patient to do home exercises given post op only (pendulums, elbow ROM, wrist ROM, grip strengthening)
- Remove sling for home exercises and bathing **ONLY**
- PROTECT subscapularis repair, NO active IR, excessive passive ER or backwards extension for 6 weeks; the subscapularis tendon is taken down for the procedure and then repaired

Weeks 6-12:

- PROM → AAROM → AROM as tolerated except:
 - No resisted IR/backwards extension until 12 weeks post op
- **May DC sling at 6 weeks**
- Pulleys
- Heat before and ice after therapy
- Begin light resisted ER/FF/ABD isometrics and bands, concentric motions only
 - No scapular retractions with bands yet

Months 3-12:

- Begin resisted IR/BE (isometrics/bands); isometrics → light bands → weights
- Advance strengthening as tolerated; 10 reps/ 1 set per exercise for rotator cuff, deltoid, and scapular stabilizers
- Increase ROM to full with passive stretching at end ranges

- Begin eccentric motions, plyometrics and closed chain exercises at 12 weeks

Comments:

Teach HEP _____

Modalities PRN

Every patient's therapy progression will vary to a degree depending on many factors. Please use your best clinical judgment on advancing a patient. If other ideas are considered to improve patient's outcome do not hesitate to call.

Patient's recovery is a team approach: Patient, family/friend support, therapist, and surgeon. Every team member plays an important role in recovery.

Signature _____ **Date** _____