Anthony Levenda M.D.
Sports Medicine, Shoulder & Knee Reconstruction
Direct Line (219) 395-2109

LAKESHORE
Bone & Joint Institute

Reverse Total Shoulder Arthroplasty

Name _____**Date** _____

Procedure _____

Procedure Date _____

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

Dressing should be changed at first post op therapy 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 0-4:

- Patient will have first dressing change with formal therapy and receive HEP education.
- Home exercises include: pendulums, table slides, elbow ROM, wrist ROM, grip strengthening. Patient to do HEP only for 4 weeks. (Formal therapy on individual basis per physician.)
- 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
- At week 3, add gentle passive external rotation.
- *After their first post-operative appointment at 2 weeks, some patients may be given permission to DC sling while at home, with the instructions to wear sling in public. Determined on case-by-case basis.

Weeks 4-12:

- **Begin formal physical therapy.**
- PROM➔ AAROM➔ AROM as tolerated except:
  - No resisted IR/backwards extension until 12 weeks post op
- **DC sling at 6 weeks if not done before.**
- 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** _____