Reverse Total Shoulder Arthroplasty

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<th>Name</th>
<th>DOS:</th>
<th>Dr. Ben Petre</th>
<th>DX:</th>
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### PROM

**Restrictions**

- **FE:** as tolerated
- **ER:** 30 x 3 weeks
- **IR:** as tolerated
- **ABD:** as tolerated

**Date**

- Scapular Retraction-Depression
  - ● ● ● ● ●
- Cervical ROM Exercises
  - ● ● ● ● ●
- Elbow/Hand/Wrist ROM
  - ● ● ● ● ●
- Pendulums
  - ● ● ● ● ●
- Aqua Therapy for Gentle AAROM
  - ● ● ● ●
- Ankle Pumps to prevent DVT’s
  - ● ● ● ● ●
- Passive ROM
  - ● ● ● ● ●
- Forward Elevation & Scaption
  - ● ● ● ● ●
- Abduction
  - ● ● ● ● ●
- Internal Rotation to Belt Line
  - ● ● ● ● ●
- Internal Rotation
  - ● ● ● ● ●
- External Rotation
  - ● ● ● ● ●
- Forward Elevation & Scaption
  - ● ● ● ● ●
- Isometrics-Light
  - ● ● ● ● ●
- Deltoid
  - ● ● ● ● ●
- Biceps/Triceps
  - ● ● ● ● ●
- Active ROM
  - ● ● ● ● ●
- Slideboard Abduction
  - ● ● ● ● ●
- Standing Abduction to 45°
  - ● ● ● ● ●
- Sidelying Abduction
  - ● ● ● ● ●
- Standing Abduction to 90°
  - ● ● ● ● ●
- Prone Horizontal Abduction w/ER
  - ● ● ● ● ●
- Prone Lower Traps to 60
  - ● ● ● ● ●
- Prone Extensions with ER
  - ● ● ● ● ●

**Precautions**

1. Avoid combined externally rotated and abducted positions x 12 wks.
2. Avoid combined motions of Extension, Adduction, and Internal Rotation (i.e. reaching behind back) x 12 wks.

**Low Load Prolonged Stretches**

- Door Jam Series
  - ● ● ● ● ● ● ● ●
- Towel Internal Rotation
  - ● ● ● ● ● ● ● ●
- Cross Arm Stretch
  - ● ● ● ● ● ● ● ●
- Sleeper Stretch
  - ● ● ● ● ● ● ● ●
- TV Watching Stretch
  - ● ● ● ● ● ● ● ●

**Activities of Daily Living (ADL’s)**

- Eating/Drinking (Elbow motion OK)
  - ●
- Dressing
  - ●
- Washing/Showering
  - ●
- Computer with supported arm
  - ● ● ● ● ●
- Driving
  - ● ● ● ● ● ● ● ●
- Lifting up to 5 lbs.
  - ● ● ● ● ●
- Overhead Activity
  - ● ● ● ● ● ● ● ●
- Lifting greater than 5 lbs.
  - ● ● ● ● ● ● ● ●

The intent of this protocol is to provide guidelines for progression of rehab. It is by no means intended to serve as a substitute for clinical decision making. Progression through each phase of rehab is based on clinical criteria and time frames as appropriate. It is important that each phase of rehab is mastered prior to initiating the next phase to insure proper healing of repaired tissues.
### Phase III: Initial Resistance
**Strengthening & Proprioception**

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### Phase IV: Advanced Resistance
**Strengthening & Proprioception**

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### Phase IV: Return to Activity

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**Criteria:** Full painfree, active range of motion with proper scapulothoracic mechanics

**Precautions:** No lifting heavier than 15 lbs, no contact sports, no weight lifting

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These protocols were originally developed by The Steadman Clinic and Howard Head Sports Medicine in Vail, CO.

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