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Rehabilitation Protocol: Reverse Shoulder Arthroplasty for Fracture

Phase 1: (0 to 6 weeks)

- Patients may shower immediately over clear plastic, waterproof dressing
- Sutures are all underneath the skin and will dissolve on their own
- Sling should be worn at night and when out of the house. May remove the sling during the day.
- Do not lift anything greater than 2 to 3 pounds with the involved hand
- Initiate exercise program 3 times per day immediately:
 - Immediate elbow, forearm, and hand AROM
 - Pendulums
 - AAROM – CPM or pulleys into scapular plane elevation to 130, ER to 30
 - Supine AAROM into flexion and ER with the above limits
 - Emphasize home program
- Protect the subscapularis osteotomy
 - Limit ER to 30
 - No resisted IR
 - Avoid extension of shoulder
 - Avoid reaching behind the back

Phase 2: (6 weeks – 10 weeks)

- Discontinue sling at all times
- Lifting restriction of 10 pounds remains
- Advance AROM and PROM as tolerated
 - Maintain ER limit of 30 until 10 weeks
 - Advance elevation as tolerated
- Scapular stabilizer strengthening

- Strengthen rotator cuff and shoulder musculature (Isometrics, Theraband, dumbbell, etc.) AVOID RESISTED IR OR EXTENSION UNTIL 10 WEEKS.

Phase 3: (>10 weeks)

- Advance shoulder ER range of motion as tolerated (light stretching only).
- May initiate subscapularis strengthening (resisted IR and extension).
- Advance shoulder and rotator cuff strengthening as tolerated.
- Incorporate low level functional activities at 3 months (swimming, water aerobics, light tennis, jogging).
- Start higher level activities at 4 months (tennis, light weight training, and golf).
- Initiate functional progression to sports specific activities at 4 months.