REHABILITATION GUIDELINES FOR REVERSE DESIGN TOTAL SHOULDER ARTHROPLASTY USING SUPERIOR SURGICAL APPROACH

NOTE: Progression is not based on specific time frames, but rather on phases that correlate with individual patient function and symptomology. Phases will frequently cross over. These guidelines replace the previous version to reflect a surgical change by David Adkison, MD, that lessens anterior delto-acromial stress to allow earlier combined IR behind the back.

PHASE I. (Immediate post-operative phase)

A. Education in regards to sling use
   1. Wean away ASAP. Use only in car or around crowds the first few days if needed for *external* protection only.
   2. When resting and sling off, arm is to be propped on armrest or pillow in the *scapular* plane. Recliner chairs have been found to be most helpful in the early stages.
B. Explain the importance of proper shoulder ***rhythm*** and promote this throughout **all** phases of treatment
C. Initiate active hand, wrist, and elbow exercises
D. Begin scapular "squeezes," and cue patient on correct posture for shoulder alignment.
E. Initiate passive and active-assisted ROM for all motions as tolerated in the *scapular* plane while maintaining proper ***rhythm.*** Avoid pure abduction in the early stages for deltoid protection as needed. ADVANCE ROM AS SYMPTOMS ALLOW.
F. Perform manual therapy techniques **each** visit to facilitate proper ***rhythm***, muscle reeducation, ROM, and overall joint integrity.
G. Issue HEP reflecting above treatments as well as incorporation of patient- appropriate endurance activities and core stability exercises in these early stages; include education in regards to ice application for pain and swelling.

PHASE II. (AROM, strength progression, promotion of proper shoulder ***rhythm*** & stability)

A. Manual rhythmic stabilization in various OKC/CKC positions. Progress to more *dynamic* activities (ie- wall ball, body blade) as tolerated. Challenge balance as appropriate.
B. Utilize available equipment for postural and periscapular muscle strengthening-ie- "pull down and back."
C. Continue working on any ***rhythm*** deficits. If active arm elevation against gravity continues to demonstrate poor mechanics, consider using adaptive equipment and manual assistance. Exercising in front of mirrors is helpful for visual cueing. Additionally, work on arm elevation in positions that reduce gravitational effects, and gradually work towards seated or standing active arm elevation. Progress anti-gravity strength above shoulder level as long as joint mechanics/rhythm justify.

PHASE III. (Progress towards discharge)

A. Continuance of Phase II interventions advancing core strengthening, balance, ergonomic, and recreational pursuits.
B. Update HEP, if needed, for home or gym.
C. Discharge once agreed upon by surgeon.

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