

Reverse Total Shoulder Reconstruction with Osteotomy

Weeks 1 to 3	Weeks 4 to 6
<p>Initial Evaluation</p> <ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ PROM ➤ Inspect for incisional integrity/signs of infection ➤ Typically no sling will be used 	<p>Evaluate</p> <ul style="list-style-type: none"> ➤ Patients will typically report to outpatient therapy 4 to 6 weeks post-op ➤ PROM ➤ Posture and position of the shoulder girdle ➤ Assess RTW and other functional expectations
<p>Patient Education</p> <ul style="list-style-type: none"> ➤ Support Physician prescribed meds ➤ Discuss anticipated therapy needs (typically 2-3x/wk x 10-12 wks) <p>Early precautions</p> <ul style="list-style-type: none"> ➤ No lifting objects > 5lbs for 8 weeks ➤ No excessive stretching or sudden movements ➤ No supporting body weight with arms ➤ No active or resisted IR for 6 weeks ➤ No ER beyond 40 degrees or flexion beyond 140 degrees 	<p>Patient Education</p> <ul style="list-style-type: none"> ➤ Discuss any needs for correction of abnormal movement patterns and posture ➤ Restate precautions, and ensure compliance with precautions ➤ Discuss HEP compliance <p>Long term precautions</p> <ul style="list-style-type: none"> ➤ No forceful jerking motions, or repetitive impact loading (pull cord engine starting, chain saw, or chopping wood)
<p>Therapeutic Exercise</p> <ul style="list-style-type: none"> ➤ Begin pendulum exercises ➤ Initiate AAROM including table slides and cane exercises for ER, IR, Flexion within precautions (week 2) ➤ Cervical, elbow, and wrist AROM ➤ May initiate ER and deltoid Isometrics (week2) ➤ May do hydrotherapy program after wound is fully healed, within ROM precautions (week3) 	<p>Therapeutic Exercise</p> <ul style="list-style-type: none"> ➤ May add pulleys for AAROM (Flexion and Abduction) ➤ Begin rhythmic stabilization ➤ Begin AROM without compensation or resistance (typically completing prone row, extension, and sidelying ER) (week 6)
<p>Manual Techniques</p> <ul style="list-style-type: none"> ➤ PROM in scapular plane, within precautions and patient tolerance ➤ Incision mobilization and desensitization after wound healing 	<p>Manual Techniques</p> <ul style="list-style-type: none"> ➤ PROM in scapular plane, within precautions and patient tolerance ➤ Incision mobilization and desensitization as needed
<p>Modalities</p> <ul style="list-style-type: none"> ➤ Modalities may be used as needed 	<p>Modalities</p> <ul style="list-style-type: none"> ➤ Modalities may be used as needed
<p>Goals</p> <ul style="list-style-type: none"> ➤ Maintain integrity of subscapularis through adherence to precautions ➤ Diminish pain and inflammation ➤ Restore PROM 	<p>Goals</p> <ul style="list-style-type: none"> ➤ Maintain integrity of subscapularis through adherence to precautions ➤ Establish independence with initial HEP for ROM ➤ Diminish pain and inflammation

Frisbie Memorial Hospital Marsh Brook Rehabilitation Service Wentworth-Douglass Hospital Durham: Rehab and Sports Therapy Center

Weeks 6 to 12	Weeks 12 to discharge
Evaluate	Evaluate
<ul style="list-style-type: none"> ➤ Posture and position of the shoulder girdle ➤ AROM and PROM ➤ Compensatory movement patterns 	<ul style="list-style-type: none"> ➤ Assess deficits that may limit return to work or other functional goals ➤ AROM and PROM ➤ HEP independence and compliance
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Patient education regarding correction of abnormal movement patterns and posture ➤ Continuation of AAROM with progressive return to full ROM ➤ Cross body add stretch for posterior capsule 	<ul style="list-style-type: none"> ➤ Continue patient education regarding correction of abnormal movement patterns and posture ➤ Continuation of HEP emphasis on flexibility maintenance with side lying IR stretch and cross body add stretch. ➤ Review long term precautions: No forceful jerking motions, or repetitive impact loading (pull cord engine starting, chain saw, or chopping wood)
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Initiate UBE with light resistance (week 8) ➤ Begin isotonic rotator cuff, periscapular, and deltoid strengthening with light weights and tubing (week 8) ➤ Begin more aggressive self stretches (wallclimb, IR, and ER) ➤ Begin progressive 2 hand press and biceps/triceps strengthening with elbow supported (week 7) ➤ May add light hand weights to exercises (week 7) 	<ul style="list-style-type: none"> ➤ Continue UBE with Progressive resistance ➤ Progressive Rotator Cuff and Periscapular strengthening. ➤ Proprioceptive exercises ➤ Begin exercises that specifically address functional goals ➤ Continue with biceps/triceps strengthening
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ May begin IR/ER stretch in greater degrees of ABD as tolerated 	<ul style="list-style-type: none"> ➤ Manual ROM techniques as needed
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Any as Indicated 	<ul style="list-style-type: none"> ➤ Any as Indicated
Goals	Goals
<ul style="list-style-type: none"> ➤ Maintain integrity of subscapularis through adherence to precautions ➤ No pain ➤ Maximize AROM while preventing compensatory movement patterns 	<ul style="list-style-type: none"> ➤ Understanding of long term precautions ➤ Maximize AROM while preventing compensatory movement patterns ➤ Independence with HEP ➤ Return to work and functional activities