

Dr. Saunders Total Shoulder/Reverse Total Shoulder Protocol

General Guidelines:

- Maintain surgical motion early, but DON'T PUSH IT.
- Protect the subscapularis repair: No internal rotation resistance until 3 months post-op.
- Strengthen the surrounding musculature-this can start anytime.
- Minimize heavy, excessive cyclic loads for the first 6 months.
- No pulleys until 4 weeks post-op.

Phase 1: 0-6 weeks Post-op

- Sling on except for:
 - Exercises
 - Dressing
 - Eating
- Encourage Patient PROM
 - Pendulum and Codman exercises
 - Pool for PROM, if possible, after wound healed (about 3 weeks)
 - General conditioning (stationary bike, treadmill, ect.)
 - Maintain hand strength
 - Maintain normal motion at the elbow wrist
 - Maximum ER to Neutral

Phase II: 6-12 weeks Post-op

- Discontinue Sling
- Continue with PROM, AAROM, AROM and pulleys
- Progress to some light closed-chain proprioceptive ex's (wall washing)
- Arm bike with no resistance
- Gentle joint mobes to restore normal accessory glide motion in the shoulder girdle if necessary. Instruct in table slides.
- Schedule 1-2 visits/week, increase frequency to 3X/week if ROM is not progressing.

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Phase III: 12-18 weeks Post-op

- Can begin AROM with COMBINED MOTIONS at 3 months
- Begin light strengthening -lats, rhomboids, biceps/triceps, pecs, and deltoids
- Pool (if available)
 - Use floats and paddles for resistive work in the pool
- Increase scapular strengthening with theraband and light weights.
- Add more advanced proprioceptive exercises specific for work, ADL's, and sports.
- Schedule 2 visits/week, then transition to independent home exercise program