

REHABILITATION PROTOCOL Reverse TSA Protocol

Dislocation Precautions

NO combined shoulder adduction, internal rotation, and extension.

Phase I: Immediate Post Surgical Phase/Joint Protection (Day 1–6 weeks)

GOALS

Patient and family independent with:

- Joint protection.
- Passive range of motion (PROM).
- Assisting with on/off sling and clothing.
- Promote healing of soft tissue/maintain the integrity of the replaced joint.
- Enhance PROM.
- Restore active range of motion (AROM) of elbow/wrist/hand.
- Independent with activities of daily living (ADLs) with modifications.

Phase I Precautions

Sling is worn for 3 to 4 weeks. May be extended longer for revision surgery.
While supine, the humerus is supported by a towel roll to avoid shoulder extension.
No shoulder AROM. No lifting of objects with operative extremity; no supporting of body weight with involved extremity

Acute Care Therapy (Day 1–4)

Begin PROM in supine after complete resolution of interscalene block.
Elevation in the scapular plane in supine to 90 degrees.
External rotation (ER) in scapular plane to available ROM as indicated by operative findings. Typically around 20 to 30 degrees.
NO INTERNAL ROTATION (IR) ROM.
Active/active-assisted ROM (A/AAROM) of cervical spine, elbow, wrist and hand.
Begin periscapular submaximal pain-free isometrics in the scapular Plane
Frequent cryotherapy.

Day 5–21

Continue all exercises and cryotherapy as outlined earlier.
Begin submaximal pain-free deltoid isometrics in scapular plane
(Avoid shoulder extension when isolating posterior deltoid).

Weeks 3–6

Progress with previous exercises and continue with cryotherapy.
Elevation in the scapular plane in supine to 120 degrees. ER in scapular plane to tolerance, respecting soft tissue constraints. At 6 weeks postoperative start PROM IR to tolerance (not to exceed 50 degrees in the scapular plane).
Resisted exercise of elbow, wrist, and hand. Criteria for progression to the next phase (Phase II):
Tolerates shoulder PROM and AROM program for elbow, wrist, and hand.
Patient demonstrates the ability to isometrically activate all components of the deltoid and periscapular musculature.

Phase II: Active Range of Motion/Early Strengthening Phase (Week 6–12)

GOALS

Continue progression of PROM (full PROM is not expected).
Gradually restore AROM.
Control pain and inflammation.
Allow continued healing of soft tissue/do not overstress healing tissue.

PRECAUTIONS

Continue to avoid shoulder hyperextension.
In the presence of poor shoulder mechanics, avoid repetitive shoulder AROM.
No lifting of objects heavier than a coffee cup or supporting of body weight with upper extremity (UE).

Weeks 6–8

Continue with PROM program.
Begin shoulder AAROM/AROM as appropriate.
Elevation in scapular plane with varying degrees of trunk elevation as appropriate (i.e., start with supine lawn chair progression with progression to sitting/standing).

ER and IR in the scapular plane in supine with progression to sitting/standing. Begin GH IR and ER submaximal pain-free isometrics.
Initiate scapulothoracic rhythmic stabilization and alternating isometrics in supine as appropriate. Begin periscapular and deltoid submaximal pain-free isotonic exercises.
Progress strengthening of elbow, wrist, and hand.
GH and scapulothoracic joint mobilizations as indicated (Grade I and II).
Continue use of cryotherapy as needed. Patient may begin to use hand of operative UE for feeding and light ADLs.

Weeks 9–12

Continue with previous exercises and functional activity progression.
Begin isotonic elevation in the plane of the scapula with light weights (1 to 3 pounds or 0.5 to 1.4 kg) at varying degrees of trunk elevation as appropriate (i.e., start with supine lawn chair progression with progression to sitting/standing).
Progress to GH IR and ER isotonic strengthening exercises.
Criteria for progression to the next phase (Phase III):
Improving function of shoulder.
Patient can isotonicly activate all components of the deltoid.

Phase III: Moderate Strengthening (Week 12+)

GOALS

Enhance functional use of operative extremity and advance functional activities.

Enhance shoulder mechanics, muscular strength, power, and endurance.

PRECAUTIONS

No lifting of objects heavier than 6 pounds (2.7 kg) with the operative upper extremity. No sudden lifting or pushing activities.

Weeks 12–16



Continue with the previous program as indicated.
Progress to resisted elevation in standing as appropriate.

Phase IV: Continued Home Program (Typically 4+ months postoperative)

Typically the patient is on a home exercise program at this stage to be performed three to four times per week with the focus on:

Continued strength gains.

Continued progression toward a return to functional and recreational activities within limits as identified by progress made during rehabilitation and outlined by surgeon and physical therapist.

Criteria for discharge from skilled therapy:

Patient is able to maintain pain-free shoulder AROM demonstrating proper shoulder mechanics (typically 80 to 120 degrees of elevation with functional ER of about 30 degrees). Typically able to complete light household and work activities.