

*no UE WB

pounds) (12 weeks)

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REVERSE TSA – Physical Therapy Rx

| | Phase I | – Tissue and Jo | int Protection/Healing Phase (0-3 weeks) |
|-------------------------------|---|------------------------|--|
| ROM | Goals:1)Reduce pain and inflammation2)Minimize scar adhesion formation, joint stiffness, and muscle atrophy3)Protect repaired tissue4)Independence with modified ADLs | | |
| | | ROM: | PROM per MD restrictions (See guidelines in column) AROM of cervical spine, elbow, wrist, hand only |
| | | Exercise: | Scap squeezes Submaximal pain - free deltoid isometrics Gentle resisted exercise of elbow, wrist, hand |
| | | Manual: Modalities: | PROM of shoulder - focus on flexion, IR, and ER Cryotherapy ²⁴ |
| Sling Use: | <u>Criteri</u> | on for Progres | sion: |
| 0 | | 1)Minimal pa | in and signs of active inflammation |
| Sling: weeks | 2)PROM flexion 0-120, ER to > 30 degrees | | |
| With sleen: weeks | | 3)Pt demonst | rates ability to activate all components of deltoid |
| | | and peri-scap | ular musculature in scapular plane |
| Recommended Clinical | Phase I | I – Tissue Prolif | eration Phase/Progression Phase (3-12 weeks) |
| Guidelines | Goals: | 1)Pain control | |
| DDOM 5,10,14,26,27 | | 2)Progress on I | PROM and restore AROM |
| (0-1 weeks) Flex 0- 90 | 3)Initiate gradual strength progression (week 9) | | |
| ER 20-30 | | 4) Re-establish | dynamic shoulder stability |
| IR to neutral | | ROM: | PROM/AROM per MD restrictions |
| (1-6 weeks) Flex 0-120 | | Exercise: | Shoulder AAROM and AROM in scapular plane (progressing |
| ER to tolerance | | | from supine to sitting to standing) |
| (6 weeks) IR to 50 deg | | | Gentle IR and ER submaximal pain-free isometrics |
| (scap plane) | | | Shoulder Isotonics (weeks 9-12) |
| APONA (wook 2) | | | Scapulothoracic rhythmic stabilization |
| Light strengthening (wk 4) | | | Periscapular pain free isotonics ^{19,20} |
| | | | Deltoid submaximal isotonics (Anterior deltoid re-education |
| | | | in scap plane) ¹³ |
| Precautions | | Manual: | PROM/AAROM PRN |
| *No combined shoulder | | Wodalities: | Cryotherapy PRN |
| adduction, IR, and extension | | | |
| (12 weeks) | <u>Criteri</u> | on for Progress | sion: |
| "Support elbow with lying | 1) Minimal to no pain with exercise program and light ADLs | | |
| | 2)Improving function of shoulder with ADLs | | |
| *No lifting of objects (> 1-3 | | 3)Able to acti | ivate all deltoid and periscapular musculature and is |

3)Able to activate all deltoid and periscapular musculature and is gaining strength



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| Phase III – Tissue Remodeling/Hypertrophy Moderate strengthening (12+ weeks) | | | | | |
|---|---|--|--|--|--|
| <u>Goals:</u> | <u>s:</u> 1)Improve muscular endurance, strength, and power 2)Advance functional activities 3)Enhance shoulder mechanics | | | | |
| | ROM: | Progress PROM, AAROM, AROM as tolerated | | | |
| | Exercise: | Resisted flexion, elevation in standing as appropriate | | | |
| <u>Criterio</u> limits | <u>Criterion for Progression:</u> 1)No pain or edema/effusion 2) Pain free AROM 80-120 degrees of elevation with functional ER of 30 degrees 3) Continued strength gains 4)Continued progression toward a return to functional and recreational activities within limits | | | | |
| Phase IV – Sport Specific Training (16+ weeks) - if patient goal and MD clearance | | | | | |
| <u>Goals:</u> | 1)Begin sport specific drills 2)Normalize neuromuscular control 3)Prepare for return to sport | | | | |
| Exercis | e Restrictions: | | | | |
| | *No UE WB ex by MD | ercises (i.e. yoga, gymnastics, pushups) and most contact sports unless cleared | | | |