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Notes:

**This protocol is designed to serve as a guide for the rehabilitation process. It is not intended to supersede clinical judgment and decision making. Progression through each phase is designed to allow for maximal tissue healing of repaired tissues and is based on scientific evidence and clinical experience.*

Estimated Return to Sport/Work:

Phase III – Tissue Remodeling/Hypertrophy Moderate strengthening (12+ weeks)

- Goals:**
- 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

Criterion for Progression:

- 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*

- Goals:**
- 1)Begin sport specific drills
 - 2)Normalize neuromuscular control
 - 3)Prepare for return to sport

Exercise Restrictions:

Lifting limit = _____ pounds indefinitely

*No UE WB exercises (i.e. yoga, gymnastics, pushups) and most contact sports unless cleared by MD

Approved sports include:

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REVERSE TOTAL SHOULDER

ROM

Sling Use:

Sling: _____ weeks

With sleep: _____ weeks

Recommended Clinical Guidelines

Wear sling 3-6 wks⁸

PROM^{5,10,14,26,27}

(0-2 weeks) Flex 0- 90

ER 20-30

(3-6 weeks) Flex 0-120

ER to tolerance

(6 weeks) IR to 50 deg

(scap plane)

***ER limitations prolonged**

with subscap repair

AROM (week 6)

Light strengthening (wk 9)

Precautions

*No combined shoulder adduction, IR, and extension (12 weeks)

*Support elbow with lying supine to avoid shoulder extension

*No lifting of objects (> 1-3 pounds) (12 weeks)

*no UE WB

Phase I – Tissue and Joint Protection/Healing Phase (0-6 weeks)

- Goals:**
- 1)Reduce pain and inflammation
 - 2)Minimize scar adhesion formation, joint stiffness, and muscle atrophy
 - 3)Protect repaired tissue
 - 4)Independence with modified ADLs

ROM: PROM per MD restrictions
AROM of cervical spine, elbow, wrist, hand only

Exercise: Scap squeezes
Submaximal pain - free deltoid isometrics
Gentle resisted exercise of elbow, wrist, hand

Manual: PROM of shoulder - focus on flexion and ER (no IR)^{10,16,26,27}

Modalities: Cryotherapy²⁴

Criterion for Progression:

- 1)**Minimal pain and signs of active inflammation**
- 2)**PROM flexion 0-120, ER to > 30 degrees**
- 3)**Pt demonstrates ability to activate all components of deltoid and peri-scapular musculature in scapular plane**

Phase II – Tissue Proliferation Phase/Progression Phase (6-12 weeks)

- Goals:**
- 1)Pain control
 - 2)Progress on PROM and restore AROM
 - 3)Initiate gradual strength progression (week 9)
 - 4) Re-establish dynamic shoulder stability

ROM: PROM/AROM per MD restrictions

Exercise: Shoulder AAROM and AROM in scapular plane (*progressing from supine to sitting to standing*)

Gentle IR and ER submaximal pain-free isometrics

Shoulder Isotonics (weeks 9-12)

Scapulothoracic rhythmic stabilization

Periscapular pain free isotonics^{19,20}

Deltoid submaximal isotonics (*Anterior deltoid re-education in scap plane*)¹³

Manual: PROM/AAROM PRN

Modalities: Cryotherapy PRN

Criterion for Progression:

- 1) **Minimal to no pain with exercise program and light ADLs**
- 2) **Improving function of shoulder with ADLs**
- 3) **Able to activate all deltoid and periscapular musculature and is gaining strength**