

# **BASHAR ALOLABI, MD, MSC, FRCSC**

Assistant Professor, McMaster University  
Orthopaedic Surgeon  
Brantford General Hospital

Specialist in Upper Extremity Surgery, Joint  
Replacements & Post-Traumatic Reconstruction



Brant Community  
HEALTHCARE SYSTEM

## **Physiotherapy Rehabilitation Prescription and Protocol** **Reverse Shoulder Arthroplasty**

**Procedure Details:** Reverse Shoulder Arthroplasty and Biceps Tenodesis

Please see this patient for physiotherapy and follow the protocol below:

### **General Information:**

- Patient may use heat or ice (crushed ice, gel pack...etc.) for 10-20 minutes prior to exercises and ice after exercises.
- It is unusual to experience significant increase in pain longer than 1-2 hours after exercising.

### **Phase I (Weeks 0-2):**

No need for formal physiotherapy sessions during this time. Home exercises only.

**Immobilizer:** At all times except for showering and exercise

**Exercises:** Passive and AAROM ER to 0 and Extension to neutral  
Passive and AAROM FF in scapular plane to 90  
AROM wrist/elbow  
Scapular "pinches"  
Passive IR to belly  
**No active IR**  
Modalities as needed

### **Phase II (Weeks 2-5):**

No need for more than one outpatient session per week during this phase.

**Immobilizer:** At all times except for showering and exercise

**Exercises:** Passive and AAROM ER to 30 and Extension to neutral  
Passive and AAROM FF in scapular plane to 140  
AROM wrist/elbow  
Scapular "pinches"  
Passive IR to belly  
**No active IR**  
Modalities as needed

### **Phase III (Weeks 5-10):**

**Immobilizer:** Discontinue at week 6.

**Exercises:** Passive, AA & Active FF in scapular plane – No Limits

- Start supine and progress to upright
- Wand exercises, pulleys ... etc.

Passive, AA & Active ER and IR – No Limits  
Manual scapular side-lying stabilization exercises  
Isometrics: Deltoid in neutral

- ER (modified neutral) ROM < 30 deg
- IR (modified neutral)

Scapular retraction with elastic bands  
Humeral head control exercises:

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- ER/IR (supine/scapular plane)
  - Elevation at 100 deg
- Modalities as needed

### **Phase IV (Weeks 10-16):**

Exercises: Progress active and passive ROM - no limits  
Active and passive ROM IR - no limit  
Flexibility exercises: towel stretch, posterior capsule stretch  
IR/ER/FF isotonic strengthening  
Scapular stabilization  
Rhythmic stabilization  
PREs for scapula, elbow (biceps/triceps)  
Forward flexion in scapular plane  
Progressive resistive equipment: row, chest press (light weight)  
Modalities as needed

### **Advancement Criteria:**

Muscle strength 4/5  
Passive FF 160, ER >45  
Restore normal scapulohumeral rhythm <90 deg elevation  
Minimal pain and inflammation

### **Phase V (Weeks 16-22):**

Exercises: Access and address any remaining deficits in ROM, flexibility, strength  
Active, active-assisted, and passive ROM exercises  
Flexibility exercises: towel stretch (IR), posterior capsule stretch  
Progressive resistive strengthening:

- Dumbbells
- Progressive resistive equipment
- Elastic band IR/ER (modified neutral)

Rhythmic stabilization  
Modalities as needed  
Individualize program to meet specific needs of patient

### **Discharge Criteria:**

Maximize ROM: For a reverse arthroplasty the expected average ROM is:  
FF 140 degrees  
ER 30-45 degrees  
IR: to sacrum or lower L spine  
Full independent ADLs  
Independent HEP

A handwritten signature in black ink, appearing to read 'Bashar Alolabi'.

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