

Rehabilitation after Reverse Shoulder Arthroplasty with Latissimus Transfer

This protocol is intended to provide rough guidelines for clinicians and patients through the post operative course after reverse shoulder replacement with a latissimus transfer. Specific interventions and details should be based on the needs on individual patients. Exam findings as well communications with the operative surgeon and intraoperative findings should always be factored into treatment.

If you have any questions, please do not hesitate to contact Dr. Kazemi.

Phase I (Week 1-6):

- Focused on protection of repair, healing, and minimizing pain
- It is **CRITICAL** for patients to stay in their gunslinger brace at all times during this phase.
- The use of the gunslinger brace positions the humeral head in about 20 degrees of external rotation in the plane of scapula to keep the transferred latissimus tendon in a shortened position to help with healing.
- While lying supine, the elbow should be supported with a pillow or a bump of towels to avoid shoulder extension. Basically patients should be advised to always be able to “visualize the elbow” while lying supine to avoid extension.
- No AROM or PROM of the shoulder
- Pendulum exercises
- Elbow, wrist and hand exercises to assist with swelling control
- Sling to be worn at all times

Phase II (Week 6-12)

- Focused on regaining ROM
- Sling is discontinued at 6 weeks
- Start with PROM of the shoulder, slowly progressing to AAROM, and AROM
- Goal to have progression of motion week by week. Motion may not be normal by the end of phase II.
- Deltoid isometrics can be started. Avoid shoulder extension when isolating posterior deltoid.
- Facilitate latissimus dorsi to function as a humeral head stabilizer and external rotator.
- Use biofeedback training for visual and auditory feedback to re-educate the latissimus tendon to function as an external rotator.
- Neuromuscular Electrical Stimulation (NMES) is useful to assist in muscular recruitment.

Phase III (Week 12+)

- Start focusing on strengthening exercises with continued work on ROM exercises
- Patient should be progressed symptomatically
- Can start sports specific training at the discretion of the physical therapist once strength is restored
- Return to sports and high demand activities generally at 20+ weeks
- Full recovery expected at around 12 months

