

Acromion / Scapular Spine Fracture ORIF after Reverse Shoulder Arthroplasty Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Abduction pillow sling: ☐ Standard sling: ☐ Tenuous fixation / bone graft: ☐	Other Precautions:
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The deltoid pulls across this fixation and is the motor for the reverse shoulder, so no active elevation or abduction for 6 wks. Nonunion and new fractures are common; progress by radiographic healing, not time alone. Parameters above supersede the general timeframes below.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–6	Weight Bearing & Immobilization - Sling (or abduction pillow sling) full time, off for hygiene and exercises - Ensure sling lifting elbow, offloading deltoid pull from gravity/weight of arm - No lifting, pushing up from a chair, or weight bearing through the arm If tenuous fixation: sling 8 wks; Phase 2 starts only after radiographic healing	Motion - Elbow, wrist, and hand AROM immediately - Gentle supine PROM: forward flexion in the scapular plane $\leq 90^\circ$, ER $\leq 30^\circ$ - No active elevation or abduction; no IR behind the back or extension past neutral	Strengthening & Function - Grip; scapular setting (retraction, depression) - No deltoid isometrics - Edema and pain control
► Advance to Phase 2 when: fixation maintained and healing on 6-wk radiographs.			
Phase 2 Weeks 6–12	Weight Bearing & Immobilization - Wean sling over 1–2 wks - Lifting $\leq 1\text{--}2$ lb	Motion - PROM to tolerance; AAROM supine $\rightarrow$ upright - AROM from 8 wks, gravity-eliminated first, below shoulder height	Strengthening & Function - Submaximal deltoid and scapular isometrics from 8 wks - No resisted elevation or abduction
► Advance to Phase 3 when: union progressing on radiographs, AAROM $\geq 90^\circ$ without pain at the fixation.			
Phase 3 Weeks 12–24	Weight Bearing & Immobilization Lifting ≤ 5 lb to 4 mo; avoid heavy lifting and repetitive overhead loading long term	Motion Functional AROM (often flexion $90\text{--}120^\circ$; less than before the fracture)	Strengthening & Function - Light bands for deltoid, scapular stabilizers, and remaining cuff once radiographs show union - Functional ADL training
► Full Release (typically 4–6 months): radiographic union, functional pain-free AROM, independent home program, cleared by physician. Expect less motion and strength than before the fracture. New pain over the acromion or spine, a sudden loss of elevation, or a clunk — contact the surgeon (possible nonunion, new fracture, or instability).			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.