

Dr. Allen Reverse Total Shoulder Arthroplasty Post-Op Rehabilitation Protocol

Phase I: Inpatient (~1 day)

- Typical post-op stay in the hospital is 1 day
- Sling should be worn at all times except hygiene and therapy
- A waterproof dressing is placed on the shoulder at the end of surgery
 - You can shower post-op day 2-3
 - No soaking the wound for 6 weeks
- Aggressive cryotherapy (ice or cooling packs)
 - Several times a day for the first few several days
- A multi-modal pain regimen will be used to control your pain
 - Scheduled NSAIDs & Tylenol
 - Muscle relaxers & Opioids for break through pain
- Inpatient PT prior to discharge
 - Safely don and doff shirt and sling
 - Pendulums
 - Active elbow, wrist, and hand motion
- Precautions
 - No shoulder motion behind back or shoulder extension x12 weeks
 - No pushing body up with affected arm
 - No pushing, pulling, or lifting
- First PT appointment is within the first few days after surgery



Phase II: Early Motion (Discharge to week 4)

Weeks 0-2

- Sling at all times except hygiene and exercises
 - No lifting of any objects, no pushing your body up with your arms
 - No reaching behind your back or sudden jerking movements
- Cryotherapy every 15-30 minutes every 2 hours while awake
- Scheduled NSAIDs & Tylenol
- Opioids for break through pain (goal to wean by end of week 2)
- PROM
 - FE: 0-90° (start supine and progress slowly)
 - ER: 0-20° (@ 30° abduction)
 - IR to chest
 - No shoulder extension
- Active elbow, wrist, and hand motion several times daily
- Submaximal periscapular strengthening

Weeks 2-4

- First post-op visit at 2 weeks, sutures will be removed at this visit
- Sling at all times except hygiene and exercises
- Elbow, wrist, & hand ROM several times daily
- Cryotherapy & scheduled NSAIDs & Tylenol
- Scapular retractions, submaximal deltoid isometrics
- Remain non-weight bearing, no pushing body up with arm
- Advance PROM
 - Pendulums, wands, table slides, & pulleys

- Forward elevation to 120°
- ER to 30° (30° abduction)

Phase III: Advanced Motion (Weeks 4-12)

Weeks 4-6

- May begin to wean from sling at 4 weeks
 - Ensure arm does not go into extension when resting
- Continue PROM and begin AAROM
 - Forward flexion: As able (goal >120°)
 - Table & wall slides, wands, pulleys
 - External rotation in scapular plane: 0-30°
 - Internal rotation in scapular plane: To chest
 - No shoulder extension or IR behind back
- Advance shoulder isometric strengthening
- Scapular mobilizations

Weeks 6-12

- Second post-op visit at 6 weeks, completely discontinue sling by this visit
- Advance PROM and AAROM; initiate AROM in all planes
 - No shoulder extension
 - Passive IR 0-50° in scapular plane
 - Active IR to begin around 8 weeks
- 1# lifting restriction (cell phone, coffee cup)
- Gentle scapular & GH mobilizations as needed



- Continue periscapular strengthening
- Submaximal isometric rotator cuff strengthening (pain free) @ 6 weeks
 - Advance to TheraBand isotonics around 8 weeks as able/tolerated
 - #3 lifting at 9 weeks
- Initiate proprioception and rhythmic stabilization

Phase IV: Strengthening (Weeks 12-24)

Weeks 12-24

- Third post-op visit at 12 weeks
- Maintain all motion
- Advance motion and strengthening in all motions
 - Periscapular (Ys/Ts/Ws), biceps curls, rotator cuff therabands
- Advance proprioception and rhythmic stabilization
- Continue shoulder and periscapular strengthening (Ys/Ts/Ws)
- PNF manual resistance exercises
- Initiate plyometric exercises (2→1 handed as tolerated)
- #5 lifting at 12 weeks, increase thereafter

Phase V: Functional Training (Weeks 24+)

- Fourth post-op visit at ~24 weeks (6 months)
- Advance sport/work/functional activity
- Improvement in pain, function, strength continues for 12-15 months
- Final follow up 1 year post-op