



The Orthopaedic & Fracture Clinic

Reverse Total Shoulder Arthroplasty Rehabilitation Protocol

The intent of this protocol is to provide guidelines/treatment options for the postoperative rehab management of patients who have undergone a reverse total shoulder arthroplasty. If the treating physical therapist requires assistance in the progression of the postoperative patient who has had a reverse total shoulder arthroplasty, then the therapist should consult with the referring physician prior to changes or progression in this protocol.

Phase I (0 - Three Weeks Post Op)

- PROM in supine.
- Forward flexion in supine not to exceed 90 degrees.
- Elevation in the scapular plane not to exceed 90 degrees.
- External rotation in the scapular plane not to exceed 20 degrees.
- No internal rotation ROM.
- AAROM for the elbow, wrist, and hand.
- Begin periscapular submaximal pain free isometrics in the scapular plane at week two.
- Continue with cryotherapy for the first 72 hours postoperatively, then frequently four to five times a day for about 20 minutes thereafter.
- Patient education regarding proper positioning, posture cues, and dislocation precautions.

Shoulder Dislocation Precautions:

- No shoulder motion behind the back (no combined shoulder adduction, internal rotation, and extension).
- No glenohumeral extension beyond neutral.

*The above precautions should be implemented for 12 weeks postoperatively unless surgeon specifically advises patient or therapist differently.

Phase II (Three - Six Weeks Post Op)

- Continue PROM.
- Forward flexion in supine to 120 degrees. Elevation in the scapular plane in supine to 120 degrees.
- External rotation to 30 degrees.
- Begin submaximal pain free deltoid isometrics in the scapular plane.
- Continue icing four to five times per day for 20 minutes.
- AROM elbow, forearm, and wrist.
- Patient may begin weaning out of the sling between four and six weeks post op.

Phase III (6 -12 Weeks Post Op)

- Continue progression of PROM to AAROM and AROM remembering that normal full range of motion is not expected.
- Gradually restore AROM.
- Control pain and inflammation.
- Reestablish dynamic shoulder stability.
- Internal rotation in the plane of the scapula may now be initiated (not to exceed 50 degrees).
- At nine weeks post op begin light strengthening supine flexion (1 to 3 lbs.) at varying degrees of trunk flexion advancing to sitting and eventually standing.
- Gentle IR/ER isotonics may be initiated. Remember that the rotator cuff is absent, so minimal IR/ER motor control exists.
- Progress periscapular and deltoid strengthening exercises.