



Rehabilitation Protocol: Reverse Total Shoulder Replacement

Precautions: Should be implemented for the first 8-12 weeks following surgery

- No shoulder motion behind back (back pocket motion)
- No excessive shoulder horizontal abduction
- No active external rotation behind head or neck
- No shoulder extension beyond the body

Phase 1: Immediate protected motion phase - Week 0-4

Goals:

Allow early healing of capsule
Restore passive range of motion
Decrease shoulder pain
Retard muscular atrophy
Patient education

Weeks 0-2

Exercises:

- Sling during day and at night for 2-3 weeks. After 2-3 weeks should wear when in crowded areas and as needed up to 6 weeks.
- Gentle passive motion as tolerated mostly in forward plane
- Pendulum Exercises
- No active shoulder motion
- Elbow/Wrist AROM
- Gripping Exercises
- Cryotherapy for pain
- * *When laying supine use pillow under arm to support glenohumeral joint*

Weeks 3-4

- Continue sling on as needed base
- Continue Pendulum exercises
- Continue PROM / Progress to Gentle Active Assisted: Forward Flexion / Abduction to 90 degrees, IR to belly, ER to approximately 20-30 degrees (Please refer to operative report)
- No pulley until week 6
- Continue use of ice

Phase 2: Week 5-6

Exercises:

- May Start AROM (in all planes except internal rotation)
 - Flexion up to 90-115 degrees
 - ER/IR at 45 degrees abduction scapular plane

Office: 214-631-9881 • Fax: 866-531-8106

www.SummitOrthoTX.com



SUMMIT
ORTHOPEDICS
OF TEXAS

- IR
- **Do not aggressively push ROM into ER**
- May start rope and pulley at week 6
- Pendulum exercises
- May start gentle easy isometric exercises
 - ER/IR
 - Rhythmic stabilization
 - Initiate deltoid flexion/ext
- Ice as needed
- Subscapularis precautions: No active internal rotation at any position
- Avoid position of arm extension

*** No deep tissue massage ***

Phase 3: Week 7-12

- Should discontinue sling if still using.
- Continue above
- Progress to full AROM/AAROM/PROM in all planes (perform PROM supine to enhance relaxation, not aggressive)
- Progress to active assisted ROM in the supine position, with exception of internal rotation
- Gradual progress of exercises in supine to vertical position
- Gradual progression of forward elevation to full passively within pt tolerance
- Include wand exercises
- Begin active internal rotation
- Begin PRE's within patient tolerance, except subscapularis
- Isotonic exercises beginning without weight, progressing within patient tolerance to PRE's, starting 2-4 oz. and increasing incrementally as tolerated
- Topical massage prn
- * No strengthening of subscapularis until 10-12 weeks post-surgery ***

Phase 5: Week 12-24

- Return to full functional activities.
- Long term it is recommended to avoid most athletic type activities and other strenuous use of the shoulder.

****Lifetime lifting restriction of no more than 25 lbs. including no overhead lifting****

Office: 214-631-9881 • Fax: 866-531-8106

www.SummitOrthoTX.com



Office: 214-631-9881 • Fax: 866-531-8106

www.SummitOrthoTX.com