

Southwest Michigan Center for Orthopaedics and Sports Medicine – Physical Therapy  
**Reverse Total Shoulder Arthroplasty Protocol (Page 1)**

Precautions:

- Full ROM is not expected
- Avoid shoulder extension past neutral
- Avoid combination of shoulder ext, add, and IR
  - Do not tuck in shirt behind
  - Do not use post-op UE for bathroom hygiene
  - Do not place arm behind your back
- Scapular Plane = 30 degrees abduction and 30 degrees flexion in neutral rotation

**Phase 1 (Day 1 - 6 weeks)**

- Sling with ABD wedge for 3-4 weeks post-op, up to 6 weeks
- When supine, distal humerus elevated by pillow or towel roll
- No AROM or lifting
- No leaning body weight on affected UE

Acute Care (Day 1-4)

- PROM flexion and scaption in scapular plane to 90 degrees
- PROM ER in scapular plane 20-30 degrees as able
- No IR
- Begin scapular retraction and depression submaximal isometrics in scapular plane

(Day 5-21)

- Begin submaximal deltoid isometrics in scapular plane (dependent on surgical approach)

(3-6 Weeks)

- Passive forward flexion in scapular plane (supine) to 120 degrees
- Gentle resistance ex. to hand wrist and elbow

**Phase 2 (6-12 weeks)**

AROM/Early Strengthening

- No lifting items heavier than coffee cup
- No supporting body weight on arm
- May start using operative UE for feeding and light ADL's including dressing and washing without pain

(6-8 weeks)

- Start PROM IR to tolerance (not to exceed 50 degrees) in scapular plane
- Begin shoulder A/AROM as appropriate
  - Forward flexion in supine – progress to sitting – progress to standing
  - IR/ER in scapular plane in supine – progress to sitting – progress to standing
- Begin gentle GH IR/ER submaximal pain-free isometrics
- At the end of 8 weeks initiate gentle scapulothoracic rhythmic stabilization in supine
- Progress strengthening of elbow, wrist, and hand
- Grade I-II GH and scapulothoracic joint mobilizations as indicated

(9-12 weeks)

- Begin AROM supine in scapular plane with light (1-3#) weights at varying degrees of trunk elevation as appropriate (supine-recumbent-sitting-standing)
- Gentle IR/ER isotonic strengthening in sidelying with light weight or light thera-band

## **Reverse Total Shoulder Arthroplasty Protocol (Page 2)**

### **Criteria for Progression to Phase 3**

- Improving function of shoulder
- Isotonic activation of all shoulder components

### **Phase 3 (12+ weeks)**

#### Moderate Strengthening

- No lifting objects heavier than 6#
- No sudden lifting or pushing

(12-16 weeks)

- Progress gentle, resisted flexion in standing as appropriate

### **Phase 4 (4+ months)**

#### HEP

- Strengthening exercises as prescribed by PT

### **Criteria for D/C**

- Patient can maintain pain-free AROM demonstrating proper shoulder mechanics (typically 80-120 degrees elevation with ~ 30 degrees functional ER)
- Able to complete light household and work activities