



Reverse Total Shoulder Arthroplasty Protocol
Dr. Bryan Perkins

General Considerations: Sling or Immobilizer x 6 weeks. Encourage icing. Monitor for signs of infection.

Dislocation Precautions: Avoid shoulder extension and/or combined shoulder adduction and internal rotation x 12 weeks. **Pre-Operative HEP** (for maximizing strength and motion) may be given per patient request and need.

Stability and Mobility of the shoulder joint is now dependent on the Deltoid and Periscapular Musculature. **Delay protocol start by 3-4 weeks** for revision or poor bone stock or decreased integrity of the repair per surgeon.

Time Frame	Treatment	Goals
Post-Op Day 1-4	NO shoulder AROM , AVOID shoulder extension. While lying supine, elbow and shoulder should be supported by pillow or towel roll. No internal Rotation Range of motion Gentle pendulums, scapular squeeze, and elbow flexion/extension only for HEP. HEP for the first 2 weeks.	Promote optimal healing of tissue. Mobilize Patient. Shower at 1 Week Postop.
Phase I 2-4 Weeks Post-Surgery	Continue pendulums for HEP. Begin gentle PROM in the plane of the scapula. Forward flexion to tolerance. No Internal Rotation PROM. Isometrics at 3 weeks postop. See 1-2x weekly.	1/5 Strength Progressing patient ROM
Phase II 4-6 Weeks Post Surgery	Continue to progress PROM toward 120 Flexion and External Rotation to tolerance. Active assisted EXCEPT Internal Rotation. See 1-2 x Weekly.	120 degrees Flexion 2/5 Strength
Phase III 6-12 Weeks Post Surgery	Deltoid Strengthening with gravity resisted. Begin Internal Rotation strengthening. Start progressive exercise program of shoulder, AAROM to AROM to Strengthening with PRE's until functional goals are met. PRE exercises no heavier than a soup can until 12 weeks. See 1-3x weekly.	Maximize ROM Progress ER toward 90 degrees. 4/5 Strength.

Phase IV 12-24 Weeks Post Surgery	Sport specific activities. Advanced Strengthening	Return to Play per MD orders.
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