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Reverse Total Shoulder Arthroplasty

This information and protocol is a guideline, individual variations and changes will apply

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises</u>
Weeks 0-6 PT 1-2x/week HEP daily	Edema and pain control Protect subscap repair Week 1: FF 90°, ER 0° Week 2: FF 120°, ER 0° Week 6: FF 140°, ER 30°	Sling when not doing exercises DC sling at 4 weeks Limit ER to neutral x2 weeks No ER >30°, active IR (weeks 2-6) No backward extension (BE) No scapular retractions Limit abduction 75° No resisted elbow flexion	Elbow, wrist, hand ROM Codman/Pendulum Passive supine forward flexion as tolerated Scapular mobility and stability (side-lying) Deltoid isometrics Posture training
Weeks 6-12 PT 2-3x/week HEP daily	Protect subscap repair FF 150°, ER 45°	No sling No resisted IR/BE Avoid BE/IR/Adduction No resisted scapular retractions Avoid painful ADL's	Advance P/AA/AROM Cane/pulley Passive IR in 60° abduction Rhythmic stabilization at 120° Submaximal isometrics ER/FF/ABD Closed chain kinetic exercises Scapular stabilization Anterior deltoid/teres strengthening
Weeks 12-24 PT 1-2x/week HEP daily	Full ROM Improve strength Improve endurance	No sling Avoid painful ADL's	Begin AA→AROM IR/BE Advance strengthening as tolerated Closed chain scapular rehab Functional strengthening focused on anterior deltoid and teres Maximize scapular stabilization
Weeks 24+ HEP daily	Maximal ROM Independent HEP	None	Progress strengthening, flexibility, and endurance