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Reverse Total Shoulder Arthroplasty Postoperative Protocol

Purpose of rehabilitation: To restore functional ROM (full ROM is not expected) to retrain deltoid to be primary shoulder elevator (avoid upper trapezius compensation)

General precautions: Gentle PROM, no joint mobilizations, shoulder most likely to dislocate in combined shoulder abduction and internal rotation or combined shoulder extension, adduction and internal rotation.

Weeks 0-2

- No therapy before first postop visit
- PROM limits: Flexion 100°, scaption 90°, external rotation (0° abduction) 30 degrees
- Precautions: No extension or internal rotation
 - PROM for shoulder flexion, scaption and external rotation only
 - Active-assisted exercises for flexion, abduction and external rotation
 - AROM exercises for elbow, forearm, wrist and hand
 - scapular program exercises, (scapular protraction, retraction, elevation and depression)
 - Patient in sling at all times except for bathing and therapy exercises

Weeks 2-4

- PROM limits: Flexion 150°, scaption 150°, external rotation 45°
- Precautions: Must respect soft tissue constraints, progress PROM as tolerated, no extension or internal rotation.
 - Initiate AROM exercises if patient is tolerating AAROM well
 - Continue scapular program
 - Patient may use upper extremity for ADL tasks - no lifting
 - Sling is worn for comfort only

Weeks 4-8

- Continue AROM (goal: flexion 150°, scaption 150°, external rotation 50°)
- Initiate gentle deltoid strengthening
- Initiate peri-scapular strengthening
- At 4 weeks, patient may perform AROM exercises for shoulder extension and shoulder external rotation (arm abducted to 90°).
 - No PROM in these planes.
- At 4 weeks- discontinue sling
- At 8 weeks, patient may reach behind back to pant pocket level. AROM only. No PROM for combined shoulder extension, adduction and internal rotation.